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## THE FUNCTION OF INSPECTION OF SCHOOLS FOR NURSES

BY HARRIET L. P. FRIEND, R.N.

PERHAPS the most helpful of all the activities of state boards of nurse examiners, under whatever name such bodies may be organized, is that of sending a qualified nurse educator to visit the schools of nursing which are or which wish to be accredited. To discuss the functions of inspection is largely to discuss the activities of the inspector, although we plan to discuss methods later.

If this inspector, educational director, or whatever her title is, has had the very necessary experience of managing a small hospital and has also had the experience of conducting at least a fair sized school of nursing and has made contacts with the methods of a fair number of representative schools of the country, she can bring to each individual school she visits something new and helpful.

Such visits should be made in a sympathetic manner, emphasizing the good features found,—this, of course, with moderation, for sometimes those responsible for the poorest schools seem

to entertain a vast satisfaction with themselves and their methods. I have in mind, however, the encouragement of those doing their best and making improvement. This sympathetic helpful

attitude also makes the work of inspection much more pleasant. It is certainly gratifying to have the Superintendent of Nurses produce a list of questions on your arrival and to find that you can help to solve many problems that have been a source of worry and anxiety to her. You may say to yourself: Why

has she not written to the board of nurse examiners about her problems? But naturally it is so much easier to talk over difficulties than it is to write of them; also, the friendly, helpful contact makes correspondence easier the next time problems arise.

Where schools of nursing are weak and understaffed, it seems to be particularly helpful to make a visit in time to assist with the arrangement of the curriculum for the ensuing year and to follow this up by another visit about the

*THE main purpose of inspection is to assist the schools to provide such living conditions that their students will emerge from them each one a healthy individual with a mental and technical preparation that will fit her to serve the community as a graduate nurse in many capacities.*

middle of the school year to see how the plans are being worked out. It is hardly necessary for me to say that admission of students several times during the year makes difficulties in planning the course for the first year that are very perplexing.

Many times the Superintendent of Nurses does not feel able to state the needs of her school and to interpret them to the board of trustees. For this reason it seems very desirable that the representative of the state board of nurse examiners should meet with these officials whenever she feels the situation demands it. Incidentally such activities are very fatiguing and plenty of rest is necessary to keep the nurse inspector physically able to meet the demands of her position.

It is necessary often for the board of nurse examiners to advise in the formation of a training school committee. A very important function is that of bringing to this committee educational ideals for their school of nursing and making its members realize the obligation to the student,—that she is not for hospital use only, but to be prepared to serve the community.

Recommendation of text books is also a very important function. I can safely say that you may expect questions about text books every time you visit a school of nursing. It is desirable to carry with you any work you particularly wish to have used. Often, too, help is asked in spending a library fund for the school, or advice is asked as to supplementary texts. Then there is the problem of antiquated texts. The inspector must be able to show the weak spots in these. While we are speaking of libraries, it is usually fruitful to meet a representa-

tive of the public library. Experience has shown that public libraries are very helpful in providing traveling libraries for schools of nursing or at least in obtaining desirable reference books for their use.

It is also important to be able to recommend teaching helps as to recitation, methods of study, etc. The question and answer method,—that is, the learning by rote of a long list of answers, is still to be found in our midst and has to be supplanted by methods of instruction that will teach our student nurses to think and to express their thoughts.

Regular bulletins from the board of nurse examiners to the schools are very helpful if followed up and interpreted by the inspector. Without this follow-up, the bulletin often fails to be of much use. It is quite desirable to call together the heads of all schools of nursing and the instructors in each city for conference. This will be useful in giving out information as to changes in the law regulating nursing, etc., but it is more particularly useful in bringing about coöperation between the schools of nursing in each city. This may lead to combination of classes, joint use of lectures and instructors, as well as of laboratories and lecture rooms, and help to solve the problem of repeating a course of lectures twice a year or more. The waste of having a number of laboratories, etc., in different places for small groups is very evident. The necessity for repeating courses for groups entering the school at different times during the year is also evident.

It is often the function of the training school inspector to discover a spot for a demonstration room or other classroom, and she should always be able to advise



as to the necessary equipment for classrooms for nurses. Plans will often be submitted for approval. The question of good planning for the hall or residence for student nurses is of vital importance. Inspection should always determine facts as to the adequacy of toilet facilities, over-crowding, ventilation, etc., of the living quarters for the students.

Too much stress can not be laid on health conditions for our student nurses. It is not constructive to care for one group at the expense of another, particularly at the expense of the health of a group of our potential wives and mothers. Very particular attention must be given to the matter of physical examination. Too often the statement of the family physician is the only record that can be found. When our public health ideal is an annual physical examination for all, surely it is not too much to insist that each school of nursing give an annual physical examination to each student nurse.

This brings me to the record forms for this and other activities of the school. A training school inspector must have a clear idea of necessary records for various types of schools of nursing. She must have a knowledge of standard forms, preferably carry samples of them, know where these may be obtained, and have the ability to modify these forms where greater simplicity is desirable, or suggest other changes that will make the records fit the case. Records are not only one measure of the achievement of the school, but they are an obligation to the student. Lack of record of theory and practice has barred more than one

graduate nurse from postgraduate opportunities.

At the recent International Health Conference held in connection with the meeting of the National Education Association in California, a speaker made a statement to the effect that a supervisor of teachers served best as an admiring audience for her teachers. Whereupon one of the audience, a supervisor of teachers, promptly arose to say that a supervisor's chief function was to bring new methods to those teachers. It seems to me that an inspector of training schools has not done nearly all she might if she has not inspired the directors and instructors of schools of nursing (which you may say she supervises) to seek for better things continually. Knowing the educational facilities of the state, courses for instructors may be arranged or institutes organized. Also, instructors can be stimulated to take summer courses or longer ones. Any educational institution within the radius of the school may profitably be visited at the time a training school is visited. If nothing more is accomplished, at least one more educator will have a clearer idea of the scope and purpose of the education of the nurse.

To sum up the function of inspection of schools of nursing in a few words, the main purpose is to assist the schools to provide such living, teaching, and working conditions that their students will emerge from them, each a healthy individual with a mental and technical preparation that will best fit her to serve the community as a graduate nurse in many capacities.

# THE TREATMENT OF DIABETES WITH THE AID OF INSULIN

BY NELLIE GATES BROWN, R.N.

## *Second Paper*

**T**O discuss in detail the regulation of diabetic diets would involve writing a text on Dietetics, but the principles of dietary control which are a necessary adjunct to the effective use of Insulin in the treatment of diabetes mellitus should be familiar to every nurse in order that she may wisely and efficiently supervise and instruct her patients.

*The Food Needs of the Normal Individual*—The normal individual, exclusive of exercise and work, requires food to produce a minimum number of calories to carry on the elemental body processes. This minimum requirement, termed the basal caloric requirement, may be accurately determined for each individual by the use of a basal metabolism apparatus, but it is sufficiently accurate for practical purposes to consider 30 calories every twenty-four hours for each kilogram of body weight a workable standard.

Thus: an individual weighing 50 kilograms (110 pounds) would need 1500 calories in twenty-four hours to meet his basic needs. It is equally essential that for each kilogram of body weight one gram of protein be taken to repair tissue waste; therefore, the 50 kilogram individual must have 50 grams of protein per day, which will yield 200 of the necessary 1500 calories when oxidized (each gram of protein and carbohydrate oxidized produces 4 calories, and each gram of fat, 9). This leaves 1300 calories to be obtained from fats and carbohydrates and the proportion of these

in the average diet varies from one part fat to three and even four of carbohydrate. To obtain 1300 calories, a proportion of 50 grams of fat yielding 450 calories and 200 grams of carbohydrate yielding 1250 calories would not be an unusual proportion.

Children have a higher basal caloric requirement than the above and need a greater proportion of protein for their weight in order to provide for growth and rapid metabolism. The protein standard for children varies in inverse proportion to their age until the adult standard is reached.

*Food Difficulties of the Diabetic*—The diabetic patient, with the food needs of the normal individual, has a lowered carbohydrate tolerance, and carbohydrates after digestion and absorption are not utilized, but accumulate in the blood. When the percentage of blood sugar reaches a high point (over 0.2 per cent), known as the renal threshold, a further increase causes the appearance of sugar in the urine.

(See Chart I—"Blood Sugar Curve of a Diabetic Patient.")

*Food Difficulties of the Diabetic*—Proteins cannot be increased because about one-half the protein given can be transformed into glucose and thus lost. Fats can be increased only to a limited extent because fats oxidize poorly if not used with carbohydrates and in their incomplete oxidation, produce acids which reduce the tissue alkalinity and lead to the appearance of the condition known

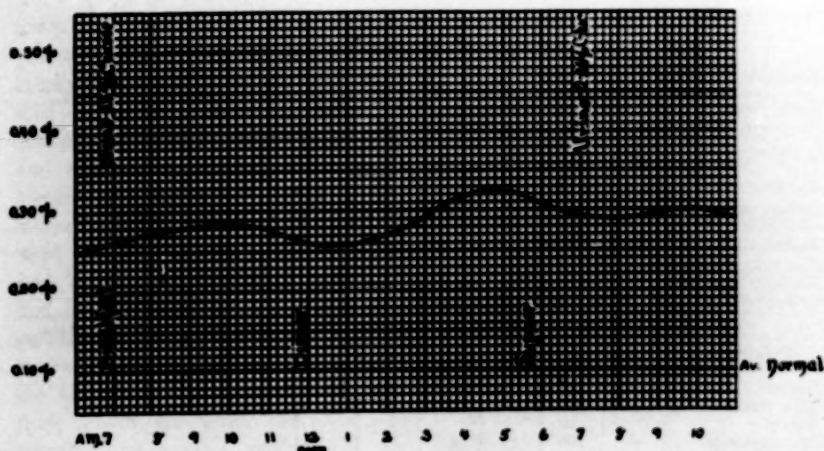


CHART I—BLOOD SUGAR CURVE  
Diabetes Mellitus. Before "Iletin" Therapy

Robert W. Long Hospital. F.R.

as acidosis, or diabetic coma. Dr. Charles P. Emerson uses the familiar trash pile as an illustration. The burning of fats may be compared to the smouldering trash pile which smudges, smokes, and can only be partially destroyed until some light kindling (carbohydrates) is added, when the heap is rapidly consumed, leaving a small amount of ash.

It is estimated that for every gram of glucose oxidized, 1.5 to 2.5 grams of fatty acids (the product of fat digestion) may be consumed. The proportion of fats to carbohydrates in the diet may be somewhat higher to allow for the glucose which is derived from the proteins.

From these facts it will be seen that the diabetic patient's ability to utilize all the foodstuffs is directly proportionate to his tolerance for carbohydrates, and that diabetics with a low tolerance are forced to exist on a diet which provides an insufficient number of calories to meet their basal caloric requirement.

(See Chart II—"The Dietary Prescription of a Diabetic Patient before Iletin.")<sup>1</sup>

*Methods of Determining the Insulin Dosage and Dietary Prescription*—It is for the above patients and for children that Insulin is a necessity, diabetes in children tending to progress rapidly to a fatal termination.

The patient who enters the hospital for the treatment of diabetes is kept for the first twenty-four hours on the diet to which he has been accustomed. During this time his basal metabolism is determined and a diet calculated which will meet his caloric needs, afford him sufficient protein, and in which the proportion of fat to carbohydrates will not be unduly high. Next, he is freed from glycosuria and his blood sugar lowered by reducing his food and placing him at rest in bed, after which an attempt

<sup>1</sup> "Iletin" is the Insulin preparation which is manufactured by the Eli Lilly Laboratories, Indianapolis, Indiana.

## ROBERT W. LONG HOSPITAL

Daily Order and Data for 24 hours ending 7 A. M., Dec. 6, 1922.

Name, F. R.	Ward A & B					Hospital No. ....
Daily Order	Gms.	GHO.	Prot.	Fat.	Cal.	MEDICATION
G. F.A.		34	30	85		
<b>BREAKFAST</b>						
Egg	50		6.	6.		
Bacon	15		2.5	7.5		
Cream—20% veg.	60	2	2.	12.		
Grapefruit	150	8				
Butter	10			8.+		
5% veg. xxx cooked						
Diabetic bran cake						
Coffee						
		10	10	335	781.5	<b>SPECIAL LABORATORY DATA</b>
<b>DINNER</b>						
Broth	200	--	--	--		Weight 70½ lbs.
Bacon	15		2.5	7.5		
20% cream	60	2	2.	12.		
Butter	10			8.+		
5% vegetable	300	10	5.			
5% veg. xxx cooked	100	--	--	--		
Diabetic jello						
Diabetic bran muffins						
Diabetic salad dressing						
Coffee						
		12	9.5	27	332	<b>URINALYSIS</b>
<b>SUPPER</b>						
Bacon	15		2.5	7.5		12 hrs. endg. Amt. Benedicts
Cream 20%	60	2	2.	12.		7 a. m. 500 1.6%
Butter	10			8.+		7 p. m. 600 2.08%
5% vegetable	300	10	5.			
5% veg. xxx cooked	120		--	--		
Diabetic bran muffins						
Diabetic salad dressing						
Diabetic jello						
Coffee						
		12	9.	27	330	<b>EXCRETION</b>
<b>Total Ingested</b>	1475	34	29	87	1473	
G. F.A.						
Prescription						

CHART II—THE DIETARY RECORD OF A DIABETIC PATIENT BEFORE INSULIN TREATMENT

is made to increase the food by daily additions, watching the blood sugar and urine. Should the patient be able to utilize a diet which is 15 per cent to 25 per cent higher than his basal needs, allowing for work and exercise without the appearance of a glycosuria or increase in the blood sugar, he is not considered sufficiently diabetic to need Insulin at the present time. Should his blood sugar percentage rise and his urine show 5-10 grams of sugar daily before

his diet is increased sufficiently to meet his needs, Insulin is started, one unit of Insulin given for each 2-3 grams of glucose excreted in 24 hours. The Insulin dose is usually divided into three portions, one of which is given 20-30 minutes before each meal. Further increases in diet are followed by an increase in the Insulin dose sufficient to keep the sugar free and the blood sugar percentage below the renal threshold.

When the diet meets the patient's

needs and the Insulin dose is great enough to take care of the glucose which is given in excess of the patient's tolerance, a further increase of 40-50 per cent is made in diet to allow for exercise and work, with a suitable increase in Insulin, and the patient begins to take increasing exercise, approximating the work which he expects to do. As a last step before he leaves the hospital, his diet is rearranged so that the greater portion of the carbohydrate is given with the morning and evening meals and the Insulin dose divided into two portions which are given preceding the morning and evening meals. This rearrangement allows the patient more freedom during the day and is especially necessary for working men and school children.

If the patient is very much below his normal weight, a little excess in food and Insulin is provided for a time. Fat

diabetics are kept closely to their caloric needs.

(See Chart III—"Diabetes Mellitus 'Iletin' Therapy.")

*Method of Administering Insulin*—Insulin is obtained in 5 cc. vials in two strengths, H 10, which contains 10 units per cc and H 20, which contains 20 units. (The unit was discussed in a previous article). H 10 is chosen when the number of units to be given is small and H 20 for the larger doses. One unit is contained in 0.1 cc of H 10 and in 0.05 cc of H 20.

A tuberculin syringe and  $\frac{3}{4}$  inch needle are used for the injection, the syringe and needle prepared by boiling or by immersion in 50 per cent alcohol and the rubber cap of the vial wiped with 50 per cent alcohol. To obtain the dose from the vial, puncture the cap with the needle attached to the syringe, invert the vial and withdraw the desired

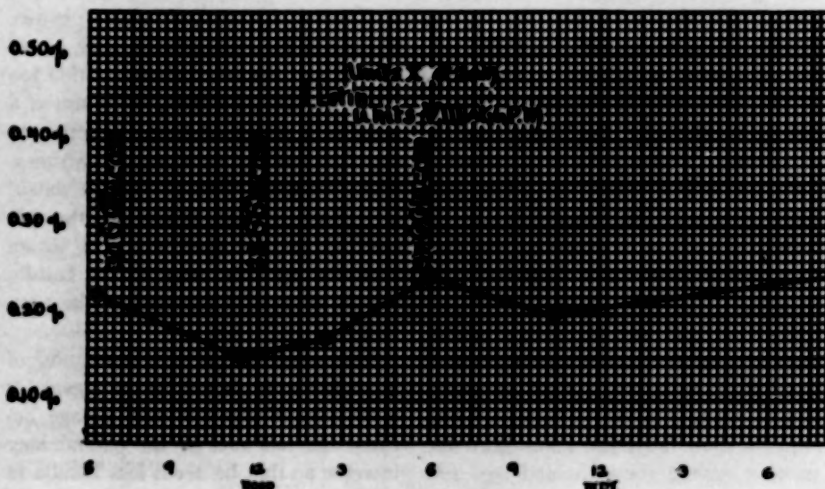


CHART III—BLOOD SUGAR CURVE  
Diabetes Mellitus. "Iletin" Therapy

Robert W. Long Hospital. F. R.



amount. The solution is withdrawn more readily if an amount of air equal to the number of cc to be withdrawn is first injected into the vial. Injections are given in the arm, thigh, or buttock, taking pains to avoid too frequent injections in one site.

*The Value of Insulin in Coma*—The most spectacular effect of Insulin is shown when it is used in the treatment of diabetic coma. Large doses (40-50 units) are given, accompanied by the oral, rectal or intravenous administration of glucose solution.

The oxidation of this glucose, which is made possible by the injection of the Insulin, rapidly restores the normal alkalinity and consciousness returns. In a day or two the patient may be treated in the usual way.

*The Treatment of Insulin Shock*—Before leaving the hospital, every patient should be carefully instructed concerning the early symptoms of Insulin shock. In rabbits we note that a reduction of the blood sugar to 0.045 per cent is almost invariably accompanied by the appearance of convulsions which can be checked by the administration of glucose solution. In man, convulsions are not so likely to occur, but early symptoms of hypoglycaemia, or Insulin shock, are so characteristic that they should always be recognized. A reduction from the normal 0.10 per cent to 0.07 per cent produces a feeling described by the patient as an inward trembling, also intense hunger, sweating, and an increase in the pulse rate. Some patients show hysterical manifestations, such as waving the arms and legs and loud crying or laughing. At this stage, the treatment is simple; restore the blood sugar by eating a small amount

of carbohydrate food, such as one or two pieces of candy, or sugar, or an orange, and the symptoms disappear in a few minutes. If these early symptoms are not recognized or the reduction occurs during the night when the patient is asleep, more serious symptoms indicative of a further reduction to below 0.05 per cent intervene, such as collapse, convulsions and coma, which, if not promptly treated, may be followed by death. The treatment of these more severe types, in principle the same as that of the milder types, consists in the administration of glucose solution by mouth, stomach tube, proctoclysis, or even by intravenous infusions.

*A Few Warnings Which Should Be Remembered*—Nurses should avoid using the word "cure" in connection with the Insulin treatment, for at present Insulin is not a cure, but an aid to treatment.

Insulin shock, or Hypoglycaemia, may occur because of several causes which a nurse may prevent, such as inaccuracy of the dose, administration too far in advance of a meal, or failure of a meal to be served on time. The patient may lose food by vomiting or diarrhoea, when the usual dose of Insulin should be reduced. The failure of the patient to eat the food which is served after the administration of the Insulin should always be reported to the physician.

The occurrence of mild symptoms of hypoglycaemia should be the signal for a revision of the diet and dosage because the tolerance of the patient may increase so that he needs less Insulin in proportion to his carbohydrate than at the beginning of the treatment.

The diet and dosage should be

revised whenever losses in weight are made up.

Instruct patients to carry a small amount of sugar or candy to be used for symptoms of hypoglycaemia.

A trace of sugar in an occasional urine specimen means that the patient is not getting too much Insulin and should cause no alarm.

In closing, a brief review of the history of F. R., a boy sixteen years of age whose charts make up the illustrations for this article, shows well the results which are actually being obtained in the treatment of these patients.

When admitted to this hospital, December 4, 1922, he weighed 70 pounds and had been obliged to leave school

ROBERT W. LONG HOSPITAL

Daily Order and Data for 24 hours ending 7 A. M., Jan. 1, 1923.

Name, F. R.	Ward A					Hospital No. ....
Daily Order G. —, F.A. —	Gms.	GHO. 71	Prot. 70	Fat. 180	Cal.	MEDICATION
<b>BREAKFAST</b>						Iletin Unit X 7 A. M. Iletin Units VIII 6
Eggs	100		12	12		
Bacon	30		5	15		
Grapefruit	150	8				
5% vegetable	300	10	5			
20% cream	60	2	2	12		
Butter	15			15		
5% vegetable xxx	120					
Bran muffins						
Diabetic salad dressing						
Coffee						
	775	20	24	51	633	<b>SPECIAL LABORATORY DATA</b>
<b>DINNER</b>						Weight 85 lbs.
Broth						
Sweetbreads	100		17	12		
5% vegetable	300	10	5			
10% vegetable	120	8	2			
40% cream	90	3	3	36		
Butter	15			12		
Grapefruit	100	5				
Bran muffins						
Diabetic jello						
Diabetic salad dressing						
5% veg. xxx	100					
Coffee						
	725	26	27	60	752	<b>URINALYSIS</b>
<b>SUPPER</b>						12 hrs. endg. Amt. Benedicts 7 a. m. 1400 Cc 0.08% 7 p. m. 1500 Cc 0.08%
Broth						
Egg	50		6	6		
Bacon	30		5	15		
5% vegetable	300	10	5			
10% vegetable	90	6	1			
5% veg. xxx	100					
40% cream	80	2+	2+	33		
Butter	20			16		
Grapefruit	130	7				
Diabetic jello						
Diabetic salad dressing						
	800	25	19	70	806	<b>EXCRETION</b>
<b>Total Ingested.</b>	2500	71	70	181	2191	
G. —, F.A. —						

CHART IV—DIETARY RECORD OF A DIABETIC PATIENT WITH ILETIN TREATMENT

because of the great fatigue occasioned by going up and down stairs. He had been under treatment for diabetes for three years and on admission, with the diet shown in Chart I, was excreting from 2-3 per cent of sugar in the urine daily. The Insulin treatment was started December 6, and at the time of his discharge, January 28, 1923, he was getting 33 units of Iletin (Insulin Lilly) a day, and in the diet shown in Chart IV, was remaining practically sugar-free and weighed 87 pounds. His weight has since increased and his Iletin

has been reduced to units 18 given in two doses—7 a.m. and 6 p.m., while his diet remains practically as in Chart IV.

#### BIBLIOGRAPHY

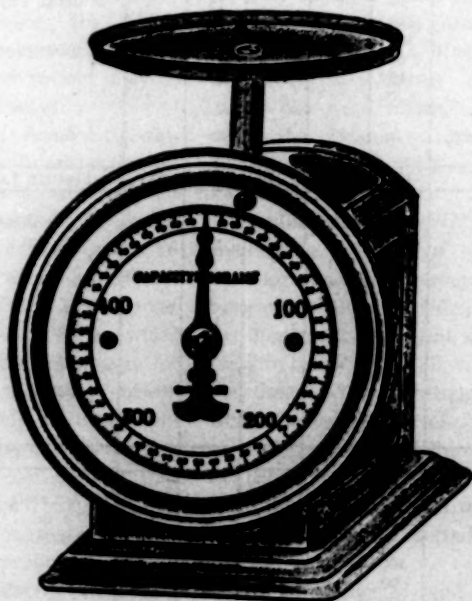
Pamphlet issued by Eli Lilly & Co., "Iletin, Insulin Lilly."

Special Article, "The Status of Insulin," J. Am. M.A., Vol. 80, No. 17.

Reports of Proceedings, Assn. of Am. Physicians, J. Am. M.A., Vol. 80, No. 23.

Joalin, Elliott P., "The Routine Treatment of Diabetes with Insulin," J. Am. M.A., Vol. 80, No. 22.

Banting, F. G.; Best, C. H.; Collip, J. B.; Campbell, W. R., and Fletcher, A. A., "Pancreatic Extracts in the Treatment of Diabetes Mellitus," Canadian M.A.J., Vol. 12, 141.



A Dietary Scale Spoken of in "A Diabetic Manual," Joalin.

## RECENT DEVELOPMENTS IN HOSPITAL SERVICE

By M. HELENA McMILLAN, R.N.

*(Continued from page 4, October Journal)*

### PHYSIOTHERAPY

**P**HYSIOTHERAPY, which is defined as the treatment of diseases by natural forces or by any physical means, includes all medical efforts which make use of light, air, water, heat, exercise. While therefore not generally so classified, under this heading would be catalogued radiotherapy, heliotherapy, hydrotherapy, massage, occupational therapy.

Most hospitals have some of these specialties under separate departments, a few have all, possibly also a few are now grouping them together with a general medical director of the whole, with expert assistants carrying each branch of the work.

As the cost of installing these is considerable it is the custom in many hospitals to charge for treatment (with possibly the exception of the occupational therapy) all patients who are able to pay. The amount of the fee varies with the price of the room or ward occupied by the patient and as in the various laboratories, the electrocardiograph and basal metabolism rooms, the fees are expected to cover the cost of equipping and carrying on the work.

### RADIOTHERAPY OR X-RAY

Discovered in 1895 by Roentgen, it was not generally used in hospitals until 1905. Its functions are to act as a valuable aid in securing early diagnosis and to give treatment which, while not curative, has distinct palliative value.

Radiographic work has become popularly known and films of bones, teeth or other pictures are accepted by all as a matter of fact.

Fluoroscopy for gastro-intestinal investigation or used to locate foreign bodies is as common among scientists, but not to the lay group.

X-ray Therapy, first used to treat skin lesions, now covers a wide field of diseases, even taking in asthma, tuberculosis, carcinoma. Deep therapy is an accepted method of dealing with carcinoma of the breast or intestines, bringing courage and hope to the patient and arresting, in some degree, the progress of the disease. The effect of the X-ray is powerful and while possessing healing properties, it can be most destructive. Its misuse is dangerous; it should be handled only by the expert and like all other medical treatment it should be under the direct supervision of a graduate physician.

The location for such a department should be central, of easy access to patients from all parts of the institution. The basement should not be selected, on account of dampness, as well as the difficulty of securing proper insulation. In a hundred-bed hospital there should be at least one complete unit, and large hospitals need two or more outfits. The minimum cost of a single unit is estimated at from \$3,500 to \$5,000. It is advisable to have one room for radiographic work alone, and one for fluoroscopy where, if the work is not too heavy, treatments also may be given.

A dark room for development of films, space for storage, and also an illuminated view box or even a special room for exhibiting plates are all necessities in this department.

The staff of course varies with the size of the hospital and the number of assistants to the director required to carry the work. Clerical assistance must also be provided to care for filing, case writing, and preparing such other records as a scientific department requires. X-ray work has demonstrated its great usefulness and is growing so rapidly that it is difficult for the average hospital to keep up with its demands for additional space.

#### HELIO THERAPY

The sun cure has been used from time immemorial and in localities free from dirt and smoke, patients may be made comfortable in beds or chairs on a roof or in a sun room, or in other ways parts of the body may be exposed directly to the rays of the sun. In a large city, dirt and smoke obscure those rays which have curative value and science now substitutes various lights. Among these are the Violet Light, the Quartz, and also air and water-cooled lights. The use of these lights is not confined to superficial treatment only, but they are also of service where deep heat is required. Some worth while results are being in this way obtained in rickets, nephritis, heart cases, arthritis, ulcer, and other diseases. Knowledge and skill are of course required in the use of cabinets and the other electric appliances which make up the equipment.

#### HYDROTHERAPY

Closely affiliated with the heat treat-

ment and logically in a neighboring suite is the equipment for sprays, showers, continuous baths and other forms of water cure methods. In a general hospital, its patients being acutely ill, this department need not be large nor elaborate. Its use is restricted to a small number of patients, arthritis at times, nervous cases, occasionally a severely burned patient, a bad skin case, or some other out of the usual order. One operator can generally carry all of this work and usually combines with it the work of massage.

Massage, carried on either in the department subsequent to other physiotherapy or in the patient's room is, under medical direction and supervision, an important passive exercise treatment for heart cases to keep muscles in shape, prevent weakness and generally up-building. As a sedative for sleepless patients it is valuable, it helps to bring stiff joints back to normal and where there has been long use of casts, it breaks up adhesions and softens muscles and tendons. A permanent masseuse as part of the hospital staff, though she may not be continuously busy, is practically a necessity. The knowledge of this worker may also be made use of in teaching massage to student nurses.

#### OCCUPATIONAL THERAPY

While occupational therapy has for many years been approved and provided in mental and nervous institutions, its introduction into general hospitals is comparatively new and is still limited to a few institutions. In those which have successfully organized a worthwhile department, the medical staff endorses it as a valuable addition to hospital service. The length of stay of most



patients is short, but in all are found heart cases, diabetics, arthritics, surgical and even border-line nervous patients, as well as others whose days in the hospital are indefinitely lengthened and to whom occupational work, prescribed by the attending man, makes a definite remedial contribution. To other patients not ordered occupational therapy by physicians, the work has a wonderful appeal and many are helped to adjust themselves to necessary restraint and confinement, through the mental interest and the manual occupation brought by the department. A small number of patients eagerly grasp the teaching of the department as a possible means of livelihood and with the instruction and practice gained in the hospital go out with new courage and the hope of at least partial self support. The nursing staff has learned that patients are easier to care for where some form of work is going on in the ward, for the attention of both the worker and those merely watchers, from neighboring beds, is diverted from their own ailments and requests for attention are less frequent.

For such a department is needed a sunshiny room large enough to allow patients in their wheel chairs. The equipment, starting with, possibly, reed for basketry, wool for rake knitting, leather and other simple things, may grow to include looms, a carpenter's bench and tools, typewriters, printing press, a library, and the many other things that an expert director can get together. Flowers, music, and even a radio in this room add much to its attractiveness.

The time of the director and her assistants is divided between shop work and bedside instruction, possibly the

morning hours receiving in the shop those patients able to leave their wards, and the afternoon carrying suitable work to bed patients. The right kind of director, interested, skilled, and human, can make a department, valuable in a remedial way, of vital help to many patients, educative to the student nurse and generally an oasis of cheer in a busy hospital.

On account of its human appeal, money sometimes may be found to carry on this work through an outside group and the hospital is saved the expense of maintenance. After the original equipment, a proportion of supplies may be paid for by patients, only those unable to do so being given full material.

#### ELECTRO-CARDIOGRAPH

The electro-cardiograph apparatus, costing from \$1200 to \$1500 is used solely as an assistance in diagnosis. The room selected for it must be large enough to allow, in addition to the apparatus, a chair for the patient, a cupboard for storage of plates, a table and also space for dark room with running water where plates may be developed and the prints finished.

When first installed in hospitals, the basement was thought the only possible location, while now a solid table and ordinary floor are all that are asked for. The early apparatus was made by the Cambridge Scientific Company of England, but American manufacturers are now producing it. The modern equipment provides for wiring throughout the wards and rooms so that patients may have the picture made in their beds.

Heart cases, particularly where irregularities of the pulse are found, are those patients, usually, for whom the

heart tracings are made, although it may be used whenever diagnosis is uncertain. A part-time technician may manipulate the apparatus, develop plates, and make prints, but the interpretation or reading of prints must be in the hands of a doctor.

#### THE METABOLISM TEST

Through the use of the metabolic apparatus, patients with various diseases may be observed, to find out exactly what the tissues are metabolizing under different conditions. It is used especially in diseases involving the thyroid gland and in diabetes. In the latter case, by determining just how much carbohydrate the patient oxidizes an hour, the number of calories required by each diabetic may be estimated. The test, given by placing a mask over the patient's mouth into which he breathes for five to ten minutes, is usually arranged for the morning, after a lengthened sleep or rest, and from twelve to fourteen hours after eating. The weight, height, temperature, and age of the patient must be known as also the temperature of the room. A small, portable machine called the Jones machine may be carried to the bedside of patients unable to go to the Metabolism Room. The Sanborn Manufacturing Company also produces machines; the cost of the machine varies in price from one hundred fifty to a thousand dollars.

One room is sufficient for this work and requires only part-time salary of an operator, a laboratory or other technician being able to carry this with other work. Any one with average intelligence and some knowledge of machinery may be instructed in its manipulation by the people who put up the machine.

#### BLOOD CHEMISTRY LABORATORY

In addition to ordinary laboratories where routine tests of all kinds are made, a chemical laboratory is now considered necessary. Here blood, urine and even kidney stones may be examined chemically; the result of this study forming a further aid in proper diagnosis. This laboratory is of particular value in finding out how well the kidneys function and is of much use in diabetes. Some staff members now have a routine order for testing the blood of each patient chemically, and the laboratory has an established place in hospital service. The cost of equipping such a room is from \$800 to \$1000. Besides special tables with water and gas, a few instruments are needed, the usual flasks, test tubes and other glass apparatus. In its up-keep, besides the salary of the worker, the re-agents are the greatest expense. If the worker is superficially trained and merely able to run the tests through, all of these have to be purchased at considerable cost, while if a chemist is employed, he is able to make the re-agents in the laboratory. The location of the room would be logically as near as possible to the other regular hospital laboratories, and under the general supervision of the resident pathologist.

#### IN THE CHILDREN'S DEPARTMENT

There might be mentioned, among innovations, the milk prescription laboratory or kitchen, sometimes included in the diet kitchen but preferably in the children's department, under the supervision of the head nurse of the children's service. Also in the children's wards are being introduced the resident wet nurse for supplemental feeding, the

kindergarten works for the younger children, and the teacher for those older ones who are missing time in school. As the appeal of the child's need is strong, usually benefactors may be found to support one or more of these adjuncts to children's departments.

#### THE OPERATING ROOM

The use of radium treatment, of the ethelyne gas, and of the pressure instrument sterilizer, which by its exhaust pipe does away with steam in the room, are outstanding advances in the operating room.

#### THE OBSTETRICAL DEPARTMENT

In maternity service, by the introducing of nitrous oxide and even the ethelyne gas at certain stages of delivery, a most humane feature has been adopted doing away with anguish of the patient and preventing the necessity of an isolated delivery room.

#### ENDOWED SPECIAL DUTY NURSE

The endowed special duty nurse, to be used for free ward patients requiring such care, is a boon to the man or woman without money to pay, who just back from the operating room or otherwise seriously ill needs special nursing. When understood by interested moneyed people, this opportunity of helpfulness to the critically ill, will be appreciated.

#### THE RADIO RECREATION

For the interest and recreation if not for treatment of patients there is a tendency to install the radio into wards and private rooms, and where this is not undertaken by the hospital itself, every assistance is given to the patient who wishes a radio for his own entertainment. Many are thus lessening the irksomeness of hospital life for themselves and their neighbors, through the radio bringing into their rooms and wards music, speeches, sermons and other messages from the outside world.

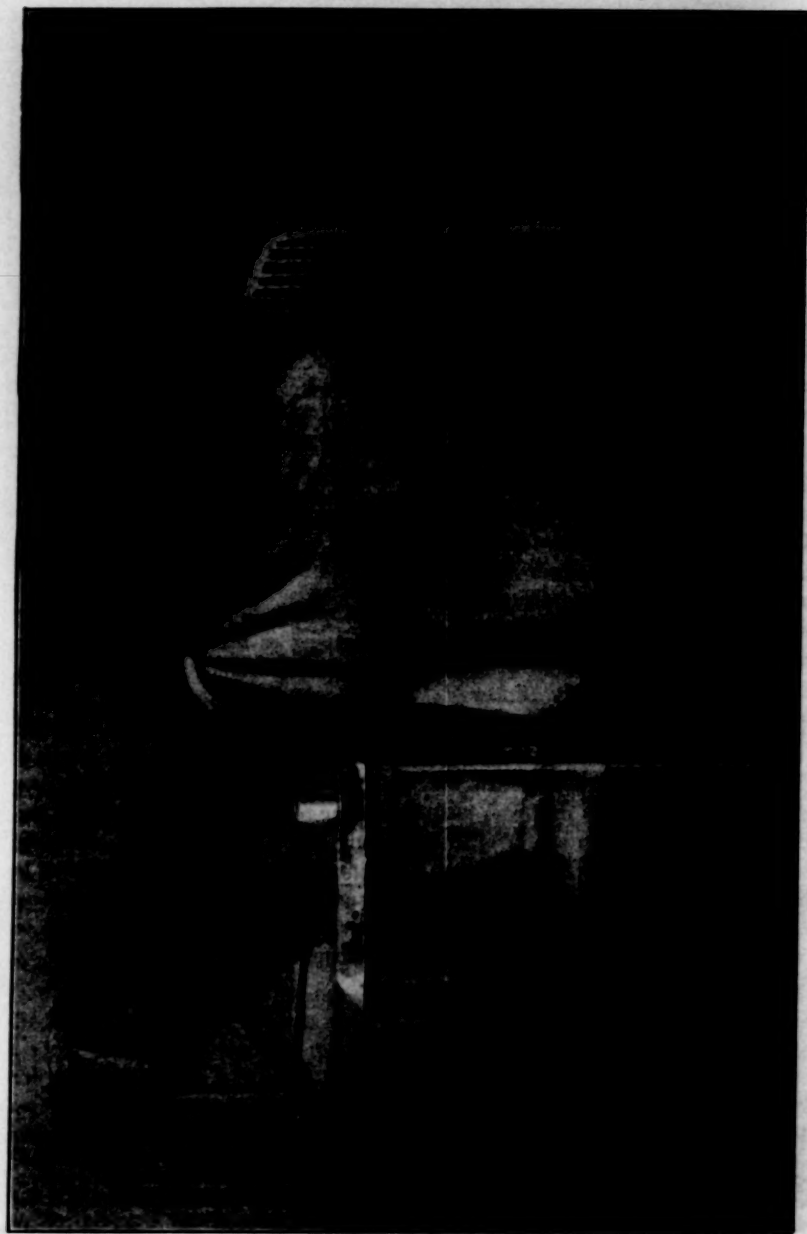
This bare sketch of the many extras which have been added from time to time to hospital service excludes entirely those parts of the hospital which have always been considered essential.

The admission of patients and the bookkeeping or business section of the institution; the housekeeping including laundry, cleaning, storage; the heating, lighting and water plant; the purchasing and distributing agencies; the medical and nursing care of the patients; the operating rooms; the dispensary and the nursing school,—what a vast, complex, and interesting study the whole thing is and surely entirely worthy the complete understanding and generous support of each community.

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Cancer, like tuberculosis and other "incurable" diseases, just because it has, as yet, no effective specific, brings out the importance of general care and watchfulness.

The great watchword for cancer is "catch it early." This means that at the slightest suspicion, a medical examination should be sought or, better, that periodic medical examinations—at least once a year—should be had.—*IRVING FURBER in an address to the Connecticut Training School Alumni Association.*



PATIENT ON BACK REST, SLINGS ADJUSTED

## PLACING A PATIENT ON A BACK REST<sup>1</sup>

BY E. PRISCILLA REID, R.N.

**PURPOSE:** As a support when patients are sitting up in bed.

For goitre cases who must be in the semi-upright position constantly.

For asthma cases.

For cardiac cases.

For surgical and obstetrical cases who must be kept in the Fowler's position for drainage.

**Equipment:** Back rest.

Cover for the back rest.

Large pillows,—5.

Small pillows,—1 or 2.

Bath blanket.

Safety pins.

Rubber pillow case.

Sheets,—2 (for slings).

**Procedure:** Cover the back rest (for neatness and cleanliness).

Make a sling by placing the large pillow, protected by the rubber case, diagonally in the sheet, and twisting the ends of the sheet.

Make a second sling, using the small pillow in the same way, with a rubber protector.

Have the equipment ready at the bedside.

One nurse may support the patient while the other adjusts the back rest and the pillows.

Arrange the first pillow lengthwise, then one under each arm, diagonally, closed ends out, then one under the patient's head.

A small pillow may be needed, also, under the head.

Place the bath blanket around the patient's shoulders and pin as a nightingale.

Place the sling with the large pillow under the knees, and tie it to the sides of the back rest.

Place the sling with the small pillow under the patient's feet. Tie it to the side rails of the bed frame.

Shock blocks, elevating the foot of the bed, may be used to keep the patient from sliding down in bed.

Be sure that the patient is comfortable and that she does not slip down into an uncomfortable position.

**Note.**—If the patient is a convalescent, and is up for a short time, only, the slings will not be necessary. If a Gatch bed is used, fewer pillows will be required, as the bed is adjusted to the desired position.

<sup>1</sup> This article will appear as a chapter in "Manual of Nursing Procedures," E. P. Reid, to be published by W. B. Saunders Company, Philadelphia. Credit should be given also to Mabel E. Hoffman, Hazel Jennings and Lillian Read, who helped prepare the demonstrations.

### HEALTH EXAMINATIONS

Dr. Haven Emerson says that of the 958 persons receiving health examinations at three New York stations in one year,—24, or 2.5 per cent, were found to be in good health; 697, or 72.7 per cent needed definite medical treatment (this number included 214 who needed, in addition, advice as to habits and personal hygiene); and 237, or 24.7 per cent, needed only hygienic advice to correct or arrest existing errors of bodily function or defects of structure.

Such figures indicate the worth of the National Health Council movement, urging every person to have a health examination on his birthday.



## NURSING AS AN OPPORTUNITY<sup>1</sup>

By R. M. HARBIN, M.D.

WHEN I was asked to speak of nursing as a vocation, the suggestion did not seem to express my ideals, and I decided to change the word vocation to opportunity. I consider this one of the ennobling professions,—ennobling in that it gives opportunity for the display of those higher altruistic ideals that are foreign to so many vocations, which would seem occasionally to be adopted as a matter of convenience in the absence of anything else to make a living.

I consider nursing a God-given opportunity that in some respects cannot be claimed by the ministerial and medical professions, because the relation between patient and nurse is one opportunity for the patient, and one of many for the nurse, for welding a sympathy that will sweeten life's memories throughout. We both have these opportunities,—do we live up to them? I am afraid not, because our energies are so absorbed in material affairs that we miss these greater gains of life.

I recently attended a symposium on the subject of a completed hospital service to the patient, arranged by the American College of Surgeons in Philadelphia. In this discussion every personality concerned in that service was called upon except that of the patient, whose humanity was entirely lost sight of. There is a decided difference between a case and a human being, and if we would interview our patients oftener, we would discover that the major part

of a complete hospital service would be the human touch, for comparatively few of the average hospital patients need the machinery of a highly organized routine of technical and scientific nursing which, of course, is a *sine qua non* for the complicated case, perhaps delirious. It is lamentable that we are wandering away from the ideals which originally prompted the profession of nursing, because of the worship of machine-made methods. I dare say the average normal, convalescent patient carries with him little recollection of any part of the hospital service other than the ministrations of the human touch.

If the human touch could receive as much attention on the part of the nursing regime, as the enforcement of academic rules and the fetish of doing obeisance to the physicians, we would begin to reclaim some of our lost ideals. If we do not cultivate these pious aims within ourselves, they seem to die out, for being so engrossed in our professional associations, training, and environment, we entirely overlook these golden qualities which in the finale of things, make the sum total of life, from which only true happiness springs. From this viewpoint I am led to believe that we are better physicians and nurses early in life than we are after years of experience, for we are inclined to depend upon our scientific ability and technical training to the neglect of that sympathetic touch which makes the world akin, and when a patient would crave this of us, we seem to pity his peevishness.

Above all, we must be human or we

<sup>1</sup> Read at a joint session of the Floyd County Medical Society and the Rome, Ga., Nursing Association.

shall miss the mark of our high calling for the patient is ever ready to forgive us any shortcoming in scientific training, but we become inexcusable if we fail to be human.

For these reasons nursing is a true profession,—a career for the attainment of those higher ideals that are offered to women, second only to that of the Christian religion. Work is our friend in disguise and makes for happiness more than anything else, such as family ties, social position, money, etc. So we would pity any life that has not an ideal but we cannot get through the life on ideals alone, for it is our duty still to be practical.

Of all careers open to women, nursing, to my mind, is most remunerative and it has not that monotonous grind that applies to office or shop work every day in the week measured off by the clock. Nurses can make money and do save money, but many mismanage well-earned gains. Women as a rule do not value money as much as do men. Some of the maturer nurses spend their savings on some niece or namesake to the harm of both.

There is another opportunity for nurses that I hesitate to discuss because of a fear either of criticism or else of a mistaken observation, and that is an

opportunity for matrimony, because the social environments of nursing are distinctly superior. Not every woman in any walk of life gets married or escapes marriage, and I dare say that about as great a percentage of nurses get married as of any other class. I am not prepared to give statistics on this, but I am prepared to believe that nurses who do get married make better and more successful marriages than they would have done if they had not been nurses.

Philosophers tell us that if you chase happiness it will flee from you, but if you pursue some worthy object in life, happiness will overtake you and I am prepared to believe the same is true of successful matrimony, for an ill-advised marriage or one of expediency will bring about disappointment.

All of us are prone to be discontented when we try to live away from the higher ideals of life and we become inclined to accuse that which we have in greater abundance as a cause of our misery. It may be too much matrimony, or too much single blessedness, too much work or too much leisure, too much money or too much poverty, too much obscurity or too much tax from many responsibilities, etc., for as some one has said, the Promised Land is always the land where we are not.

#### PRIZES OFFERED BY THE JOURNAL

Three prizes are offered by the *Journal* for articles, of not more than 5,000 words, on Nursing Small Hospitals. A small hospital, as defined by the Committee, is one of 50 beds or less, and the types of nursing service to be considered are those afforded by schools for nurses, by affiliating students, by graduate nurses, and by attendants supervised by graduate nurses.

The first, second and third prizes are to be of \$100, \$75, and \$50 respectively. The manuscripts are to be in the *Journal* office, 370 Seventh Avenue, New York City, not later than June 1, 1924. They must be typewritten, double-spaced, and written on one side of the sheet only. Manuscripts should be signed only with a key letter or number. This key, together with the full name and address of the writer, should be enclosed in a plain envelope and attached to the manuscript.

The awards are to be announced September 1, 1924, by a Committee composed of S. Lillian Clayton, Mrs. Ethel P. Clarke, and Mary M. Roberts.

## THE APPLICATION OF MODERN TUBERCULOSIS KNOWLEDGE TO PRIVATE DUTY<sup>1</sup>

BY ELSIE A. KEMPF, R.N.

**D**R. TRUDEAU, founder of the Adirondack Cottage Sanitarium at Saranac, from whose time the American tuberculosis campaign properly dates, once said:

• It is a far cry from the old women and guides I used to hire to do the nursing of the bed-ridden in the first years of the Sanitarium, to a graduating class of thoroughly trained nurses such as I had before me. • • • Not only has the Sanitarium restored these young women to health, but it has fitted them for a career of independent usefulness in which they are likely to remain well. Truly this has been worth while.

In much the same way it may be said to be a far cry from the average graduate nurse to one who has had special training in a sanitarium for tuberculous patients. All have not had this opportunity, but in our day, when the medical profession is accomplishing so much to stamp out tuberculosis, the nursing profession, likewise, as a body, should take an active part in the campaign by inaugurating special courses in tuberculosis nursing as part of their regular or advanced training. I believe the day is at hand. The apathy and traditional restraint which have too long characterized our professional dealings with what we considered the irremediable ills of tuberculosis are rapidly giving way to vigor, courage and steadfastness of purpose in combating what we now know to be a preventable and curable disease. The best proof of recent developments along this line is in the proposal of

The National League of Nursing Education to embody in their Standard Curriculum a theoretical and practical course in tuberculosis nursing. Every real nurse will herald with enthusiasm the dawn of the day that sees such a tentative course made absolute reality. "The groove is akin to the grave." Now that we are "out of the groove" on this subject of tuberculosis, let's adopt the splendidly logical slogan, "If preventable, why not prevented?"

The properly trained nurse, ready for private duty, should be prepared to carry on a health campaign in every home she enters. She has an opportunity to direct, in a general way, at least, the hygiene of the home. Her contact with the family is closer than that of the public health nurse, and frequently affords better facilities for the teaching of sanitation and cleanliness. Realizing that, if she is to be of any fundamental value to the community, she must, above all, be an educator, the nurse must prepare herself to care for the family as well as the patient. Sympathy and tender helpfulness for the sufferer, though essential, are not more important than her functions as protector of the family. Proper ventilation for all, fresh air in season and out of season, conservation of energy in so far as it is possible, thorough and systematic housecleaning after approved fashions, destruction of infective materials and of all sputum,—whether thought to be tuberculous or not—since in the case of many adults having a few symptoms but who

<sup>1</sup> Read at the Tuberculosis Section, Seattle Convention.

consider themselves healthy, the sputum contains tubercle bacilli,—these are only a few of the routine procedures which the nurse should use her utmost endeavors to secure. "Health" as a subject, will prove far more interesting than "illness" and her teaching, tactfully given, will be welcome in the majority of cases.

Since children are especially susceptible to tuberculosis, the conscientious nurse will instruct parents in the practical methods of protecting them. "Intelligent self-sacrifice is absolutely necessary if the patient is to be harmless to his family." Tuberculous meningitis, a fatal condition and one far more frequently seen in children than adults, is very often the result of carelessness on the part of a parent. I cannot over-emphasize the importance of the nurse's protective function in insisting that children be safeguarded from all possible means of exposure to this disease. Of primary importance is the quality of milk used in the household; that from tuberculin tested cows should be insisted upon. In one well known infants' hospital in which all babies admitted were considered as tuberculous until proved otherwise, a positive diagnosis has been made in twelve per cent of all cases. This high percentage of tuberculosis in children under three years of age certainly indicates the crying need of enlightenment and vigilance on the part of mothers. In one of the last letters he wrote, Robert Louis Stevenson, himself a victim of the great White Plague, said:

I have been getting some bullets of late, but have amply earned them—You need not pity me. Pity sick children.

Then again, the finding and recognizing of early cases of tuberculosis,

hitherto undiagnosed, is of paramount importance. The danger signals are the early symptoms, and every nurse should know these as a child his A. B. C.'s. The expressions frequently heard: "There is nothing the matter with me, I am just run down," are red lights to the nurse accustomed to look for symptoms. "Just run down" means tuberculosis more often than not. "I am always tired," "I have no appetite," these, again, are well known complaints associated with this disease. Frequent colds, and colds that hang on for more than four weeks, should not be overlooked. These common symptoms and many others should invariably attract attention. Maximum safety for all demands medical attention under the above conditions, and the nurse's tactful influence should be exerted to secure it.

In the event that the dread disease is discovered, then, indeed, the nurse will have occasion to put to the test all the ingenious prerogatives which are hers as a result of special training in psychology of tuberculosis. Armed with invincible hopefulness and patience, she will teach the sufferer, not only the means of prevention and cure, but above all, she will inspire him with her own hope and courage and optimistic outlook for recovery. She will prove herself an intelligent and invaluable agent in coping with the age-old, world-wide problems of tuberculosis. Persistently, the mistaken theory that the disease is incurable will be eradicated; as the erroneous theory disappears, so will the depression, morbidness and positive terror which so frequently exist where a positive diagnosis has been made.

The word profession as applied to nursing should be synonymous with



consecration, rather than with avocation or business, and in nursing the tuberculous, the nurse finds golden opportunities for giving an acceptable offering. As Dr. Oliver Wendell Holmes has so beautifully said:

And last, not least, in each perplexing case,  
Learn the sweet magic of a cheerful face;  
Not always smiling, but at least serene,  
When grief and anguish crowd the anxious  
scene.

*Her training best."*

Each look, each movement, every word and tone

Should tell the patient you are all his own.  
Not the mere artist purchased to attend,  
But the warm, ready, self-forgetting friend,  
Whose genial presence in itself combines  
The best of cordials, tonics, anodynes.

Bibliography—Consumption and Civilization, Huber; Public Health Nursing, Gardner; *The Public Health Nurse*; American Red Cross Text Book on Home Hygiene; Spirit of Youth and the City Streets, Addams; Rules for Recovery from Tuberculosis, Brown.

## THE VALUE OF PSYCHOLOGY IN THE EDUCATION OF THE NURSE<sup>1</sup>

By GRACE G. GREY, R.N.

WE need not delay to define the term "Psychology," for past years have made the study of the mind one of the most fascinating and popular of the new sciences. Lay people and those of the professions have laid hold of the new theory, often contorting and misconstruing the meaning until it is many times unrecognizable. A course in the psychology of getting money or of reading one's neighbor's inmost thought, has become more popular than the latest dance. Each age brings forth its fad and the fad of today is psychology, but just as ether parties, the fad of a few years gone, proved of inestimable value to mankind in the realm of science, so this new fad—mind study—will bring to us undreamed-of accomplishments if properly utilized.

The use of this new science in schools of nursing is one of the most recent innovations in an attempt to properly educate the nurse,—mark, I do not say

"train." Psychology as an isolated subject can scarcely be given enough time to be of vital value and therefore it should be the project of the teacher to tie it up with every subject taught.

A basic course of ten lectures as outlined in the Standard Curriculum should be given in the early part of the student's training in order to explain the meaning of various terms and give to her an apperceptive basis on which to work. We can have no impressions or ideas without previous familiarization in some way with the new. Right habit formation, primal impulses and instincts, judgment, reasoning and analysis, mean nothing more than mere terms to the student unless these are tied up with that student's previous knowledge. We work from the simple to the complex and a good instructor will sound her students in order to ascertain their eligibility for the new work. If they lack a working basis, it must be supplied. Along with a brief course in the rudiments of psychology, the Instructor attempts

<sup>1</sup> Read at the California State Convention, June 14.



automatically to inculcate a working basis of the essential principles. The student is tested out on study habits and is helped to get into a systematic and correct groove in her expenditure of time and energy. She is taught concentration and attention (forced, at first) but each victory making it easier to concentrate. She is taught habits of hygiene of mind and body, system, organization and self-control.

With an understanding of psychology, the student does not blindly fall into these correct habits through trial and error methods with its resulting unhappiness and waste energy, but works intelligently and steadily toward a set ideal. She realizes latent possibilities undreamed-of before. She understands what success means and how it is obtained. No longer do happiness and good fortune glimmer like far off stars to be handed down to some good little girl by a fairy godmother. She understands now that it all lies within and results from development of capabilities. The student nurse, with a knowledge of psychology, realizes that not all can reach the same goal or be measured alike. She begins to see how much we are dependent on our ideas. It explains to her the unmarried mother, the degenerate boy, the wards filled with human wrecks. She becomes more sympathetic and open-minded. Life is interesting in all its intricacies; often very, very sad, but interesting and altogether delightful.

Much is made of the project method in many of our modern schools. On the campus, in the buzzing restaurants, on the cars, little groups may be seen and heard excitedly projecting. One wonderingly asks just what this project is.

No one knows, but it's a project. It has to do with psychology and therefore is the thing. We turn back nonplussed, realizing keenly that our education and our teaching have been all wrong. We evidently never had the project. We wonder if it hurts very much and if it leaves any sequelae. Anyway we set out to discover just what this new microbe is. We chase it all over the campus, but it always eludes our grasp. Our professors tantalizingly make us think they are going to unravel the mystery, but we are disappointed. We leave the college and take up our duties of teaching, keenly regretting that the project method is still a blur. "I suppose, of course, you use the project method in your teaching," the State Inspector asks us. We meekly smile and keep our silence. And then! One day we wake up to see the project method smiling at us and speaking to us as an old friend. It has been there all the time and belongs to our students instead of to us. It was placed there when we helped them discover the ideal of nursing. It was there when we led them into proper study habits. It was there when we opened to them possibilities they had never dreamed of before. It was there when we made use of the primal instincts of play, curiosity, loquaciousness, love of kind. It was there when we made use of their reason and judgment, and most of all when we made use of their desire.

Desire is at the root of all development. Not a hazy wishbone, but a keen desire and will—to do. The nurse who has desire for the best and has learned to reason, needs very little supervision. It is the student without a special aim, the student who blindly follows orders,

who is the drag around the neck of the profession. These are the dear sisters who, after graduating, will tell you that there is no need of anything new in any line because they did not have it when they were in training.

Every instructor should have a working basis of psychology in order to give to her pupils the needed help. An instructor no longer is thought of as a trainer in mental gymnastics. She no longer is set up as a paragon of all that is worth knowing out of books and a person above all worldly interests. The instructor of today is, or should be, a real human being. She no longer fears to say "I do not know" and instead of wildly looking through countless books, assigns the work to the inquirer. Her function of forced intellectual feeding has changed to that of preparing food so that the student's own intellectual molars and digestive tract will have some exercise. Her work is no less strenuous but she has a few more facets than the proverbial schoolmarm of years gone by. She has learned the value of psychology and is using it, changing not only the self-satisfied follower of the doctor's orders, but herself as well. She should be a companion and comrade to her pupils, letting them develop the best within themselves instead of being forced to fit into a previously constructed pattern. Their ideas should be given credit. Approbation brings satisfaction and the

impulses bringing satisfaction, tend to be repeated. Dissatisfaction tends to destroy the impulse. A student voicing an opinion of her own, if the opinion is not correct, should be helped to reason out just why the opinion is not correct, but the impulse for self-thinking should be rewarded.

John Dewey says:

The subject matter of the curriculum, however important, however judiciously selected, is empty of conclusive moral content until it is made over into terms of the individual's own activities, habits and desires. The psychological side of education sums itself up, of course, in a consideration of character.

Students come to us generally in a formative period. They have never had to accept responsibilities. Their aims and ambitions are nebulous. It is then up to us as educators to find out their latent possibilities and utilize them. We open up to them vistas far ahead of graduation. We point out the need of always knowing why—as well as how. We show them the joy there is in using the little unused paths within the brain and making new connections.

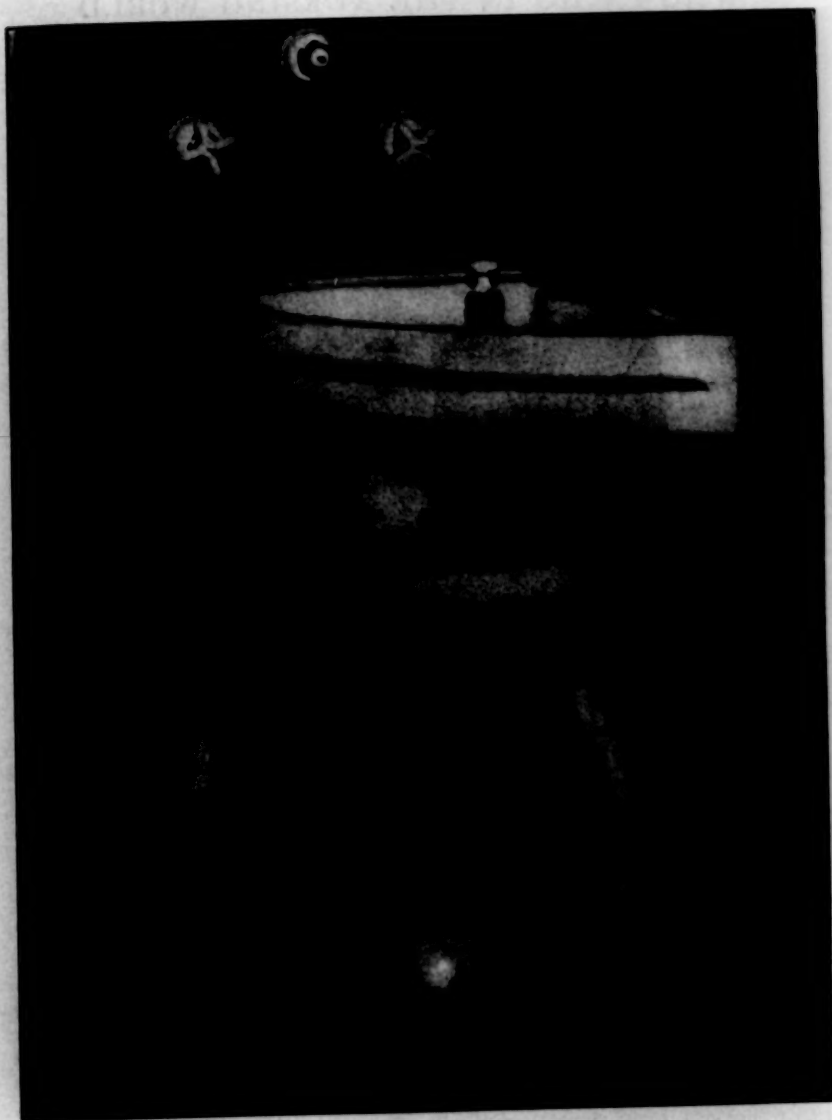
When once our nurses begin to really use the material nature has endowed them with, there is no avenue closed to them. Theory goes hand in hand with practice, and psychology teaches patience, tolerance and human kindness. There need be no longer "white linen" nurses, for right thinking makes the ideal.

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I have discovered in my work and study that a Supervisor is not a *superior*, but a result of divided labor. She is an influence. She should be an inspiration; she should be the nourishment and the life of her nurses if she is to develop them. She must be stimulated to self-activity.

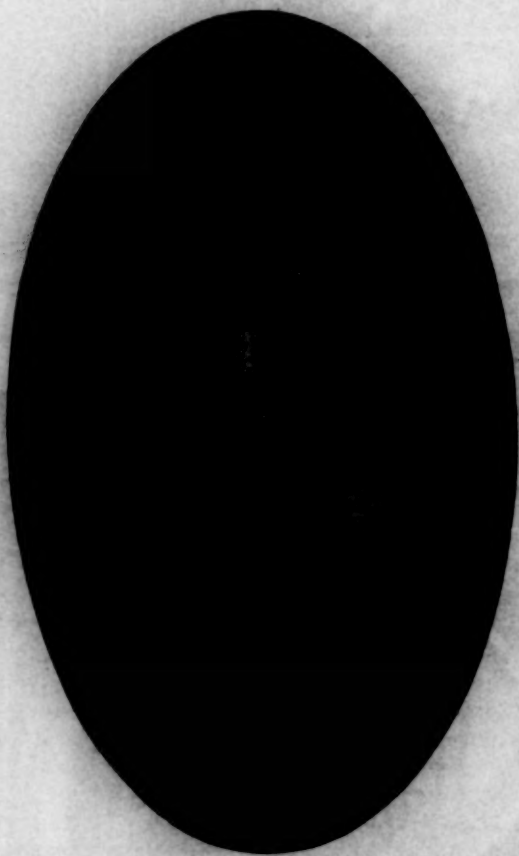
ARMY SCHOOL ALUMNAE JOURNAL.

## INDIVIDUAL EQUIPMENT RACK



Patients in the Henry Ford Hospital, Detroit, have individual equipment. The utensil rack here shown is portable, so the rack with the utensils are readily placed in a sterilizer. One of these racks is placed in each bathroom, containing the following equipment: Bed pan, urinal, emesis basin, wash basin, soap dish, tooth mug, drinking glass.

## WHO'S WHO IN THE NURSING WORLD



XXVII. MRS. J. W. SCROGGS. (IDORA ROSE)

**BIRTHPLACE:** Van Wert, Ohio. **PARENTAGE:** American. **PRELIMINARY EDUCATION:** High school; normal school. Taught for eleven years. **PROFESSIONAL EDUCATION:** Class of 1889, Illinois Training School for Nurses, Chicago. Two years' medical course, Fort Wayne, Ind. **POSITIONS HELD:** Superintendent of Nurses, New England Hospital for Women and Children, Boston; Assistant Superintendent, Illinois Training School for Nurses, eight years; Superintendent, Chicago Home

for the Friendless, two years; Instructor, Illinois Training School for Nurses, three years; Superintendent, Illinois Training School for Nurses, two years; Inspector of Training Schools in Oklahoma, 1921 and 1922. **OFFICES HELD:** Charter member and President, twice, Alumnae Association, Illinois Training School; President Oklahoma State Nurses' Association, four years; President Oklahoma State Board of Nurse Examiners; Editor, *Alumnae Report*, five years. **PRESENT ADDRESS:** Norman, Okla.

## EDITORIALS

### A STANDARD LAW

**T**HIS is the "off" year for the legislatures of many states but, since history tends to repeat itself, where legislatures do meet there will surely be some attempts by nurses or others to amend nurse practice acts. With the thought comes that of the crying need of a standard law to serve as a guide to those concerned with the improvement of nursing service through the medium of effective legislation.

Even a cursory examination of the present laws shows the amazingly wide variation between the laws of different states. Some of them provide for the inspection of schools, but many of them make no mention of it. A preliminary educational requirement is conspicuous by its absence from several acts, and where stated, ranges from an equivalent for grammar school to four years of high school work. The requirements of the law may be low but efficient machinery provided for its administration, and the reverse is also true.

Examining boards may be composed of nurses, of doctors and nurses, or of all medical men. They may operate independently or under some established state department. Some of the laws are compulsory but many of them are permissive. Reciprocity may be based on the qualifications of the individual or upon the requirements of the state or, still more disconcerting to the nurse who wishes to practice in another state, reciprocity may not have been provided for at all.

A national nurse practice act may be a Utopian dream, but there is no reason, other than our own inertia, why we

should not set a national standard for nursing legislation. Such a standard would make for better understanding between states. The results of such a standard would be a blessing to nurses who move about from state to state, whether driven by ambition, by wanderlust, or by the exigencies of their particular work.

Beyond all these lies the fundamental principle upon which all our legislative effort should be based. It would tend to elevate the standard of preparation for a profession that is of ever increasing importance in our community and national life—a profession of which more and yet more is being asked.

We should like to see the mass of data now available at National Headquarters put to use in formulating a national standard or at least in a series of regional standards that could be utilized and furthered by such organizations as the New England and the Northwestern Divisions of the American Nurses' Association. We need standardization of our laws if we are to send out from our many schools groups of young women who may claim, with equal justice, the title "Registered Nurse." That title should stand for quality—quality upon which the public may depend. Not until we have uniform laws under which suitable standards can be efficiently maintained will the public really know what to expect when a nurse is engaged because she is a registered nurse.

### INSPECTORS OF SCHOOLS FOR NURSES

**I**N the article on Inspection, which is the first of a series she is preparing for the *Journal*, Miss Friend has stressed



the fact that the major function of inspection is that of *helping* the schools. We all know that it is sometimes necessary to recommend that official recognition of a school be withdrawn and that this is usually equivalent to saying that the school should be put out of existence; but this is not done without careful weighing of all the facts, after the school has been given suitable opportunity to meet the minimum requirements of its state.

A good inspector is a friendly visitor. She is not, like a policeman on his beat, looking only for infractions of the law. True, she must be alert to such infractions, but the infinitely larger responsibility is that of showing how weakness may be strengthened and how obstacles may be overcome. Criticism is child's play as compared with constructive suggestion.

Really effective assistance cannot be imposed; it should be sought. The successful inspector of schools is she who, after her initial visit, is a welcome guest. She gives credit where credit is due. Out of a rich experience and careful analysis of a particular situation she advises in a cordial but competent fashion. She measures her success by the number and kind of problems presented for her consideration at each visit. In other words, she cooperates with the busy superintendent of nurses or director of the school in the mutual enterprise of making a poor school good, or a good school better.

The position of inspector or educational director is one of grave responsibility, for the schools are still relatively few that are sending out young women, healthy of body and of mind, who are soundly prepared to render happy, effi-

cient, and constructive service in the communities to which they are called. It is an office not to be lightly assumed, for only educated and experienced women with the gift of democratic leadership can hope to give those who are making heroic struggles against the odds of apathy or misunderstanding, the assistance they need and which they will welcome when graciously offered.

#### SCHOLARSHIPS

**S**CHOLARSHIPS indicate a form of preparedness that is so fundamentally sound that we wish more institutions and organizations could provide them. Scholarships for the promising young women of today help to prepare the teachers and administrators for the next generation of nurses. The new American Child Health Association has set an example of this type of preparedness that we believe is unique in its many-sidedness. Their program is dependent upon the combined efforts of more teachers, nurses, and doctors with special preparation than are available. Therefore scholarships have been offered for all three groups. It will be remembered that we announced last month, the distribution by this organization of ten thousand dollars in scholarships to twenty nurses,—two of whom will go back into schools for nurses.

There are other notable examples of scholarship funds available to nurses; the post-war generosity of the American Red Cross being a shining example. Many of the La Verne Noyes scholarships are available to ex-service nurses. Visiting nurse associations, such as that of Chicago, have seized upon this admirable method of strengthening their organization and not a few schools for

nurses have at least one scholarship that can be awarded at Commencement time.

Teachers, organizers, and administrators are not born—they are made. It is to the everlasting credit of the profession that many of our most successful women are self made in the sense that they have never had an opportunity to do postgraduate work. It is no argument, however, for delaying the ripening of the powers of the rising generation. A scholarship means preparedness. It means earlier fruition than would otherwise be possible. We would do well to persuade more organizations to follow the brilliant examples enumerated by giving in accordance with their means and in a fashion commensurate with their needs.

#### HEROISM AND THE RELIEF FUND

WHO has not thrilled to colorful tales of heroism, especially when told with the restraint of genius as in Barrie's vivid "Courage"? As we read, thoughts of the heroism of our own kind come to us. We think of Miss Nightingale in the Crimea and of martyred Edith Cavell. To each one come thoughts of some one nearer and, in the personal sense, dearer than these heroic figures. A name to conjure with is that of the woman who wrecked her health in a mighty effort, as is that of her who gave life itself for a cause she believed just. Courageous too, although unknown, are the deeds performed by many a nurse working in obscurity.

But we have in mind a different type of heroism. We would honor those whose names will never be widely known but whose daily lives are made up of acts of courageous fortitude. It is no light thing to face years of invalidism

on slender savings. It is particularly difficult for nurses. Their knowledge permits them to visualize, all too clearly, the sorry prospect of long continued or incurable disease. It takes courage to endure the treatments, the waiting for results, all the host of hopes deferred that accompany a long illness.

The women who are assisted by our Relief Fund are unknown to most of us and every effort is made to maintain their anonymity. The necessity for protecting our friends from needless scrutiny prevents publication of the stories of the battles fought, many of them to a victorious return to useful living but some, alas! only to meet with heroic defeat.

The information vouchsafed us tells of months, oft-times of years of such struggle. Our feelings are roused. Our sympathies are stirred. And with the mingled emotions comes boundless admiration for the women who write cheerful letters in appreciation of their Relief Fund checks. Some of these letters say "This help has meant life itself to me" or "You have made life possible in this institution by providing some of the comforts I should otherwise have been without." Still others report, oh so eagerly, that they can now, perhaps after many, many months, accomplish a little work each day or, best of all, that they are cured and ready for work! It is pleasant to dwell on the work these fortunate ones will accomplish, for made sensitive by their suffering, they will nurse as they have never nursed before. Fortunate will be the patients to whom they will minister. Heroic nurses? Ah, yes. We have many of them and the majority will doubtless forever remain unsung.

### "A NURSE TOLD ME—"

"A NURSE told me" is a potent phrase. Were we not familiar with the integrity of purpose of most nurses we should be amazed at the unquestioning acceptance of so much of the advice given by them. Such advice covers a tremendous range, as it may have to do with such vital matters as the selection of a surgeon to take care of little Johnnie, of a suitable physician for pre-natal care, or with material things. We are here thinking of the enormous influence of nurses on those who purchase supplies for the care of the sick.

About 3,000,000 people in this country are at all times sick. Not all, unfortunately, can be cared for by nurses. But many thousands have full or part time nursing care. Nurses are with these patients and their families at a time when they are naturally suggestible or teachable. It is perhaps little wonder, then, that the phrase "A nurse told me" carries conviction, for the advice implied has been given in response to a definitely felt need.

The topic is a fruitful one and we wish to discuss it in its relation to our advertising pages. If an article is advertised in the *Journal* it is because the Managing Editor believes it to be exactly as represented. Every advertisement is carefully appraised.

If you habitually use and recommend appliances, surgical or pharmaceutical supplies, foods, books, apparel or anything else that is advertised in our pages, tell us or the advertisers about it. It will assure us that we are fulfilling one of our obligations. If you habitually use or recommend articles because you have found them to be of worth and

which are not advertised in our pages, tell us about them also. What is useful to you and your patients should be useful to other nurses and other patients. There is no better means of getting information over to nurses than through the appropriate *Journal* pages, whether text or advertising. You who read this are undoubtedly among those who are consistently and frequently quoted. The more frequently you pass on sound information the more meaningful will become the phrase, "A nurse told me." We should be glad if it could be expanded to "A nurse told me, because she saw it in the *American Journal of Nursing*."

### THE SMALL HOSPITAL

THERE are in this country, 5000 hospitals of fifty beds or less. Some of them are special hospitals, some of them general hospitals with more or less acute services. Many of them provide the only and much needed hospital facilities in their communities. The problem presented for discussion in the *Journal's* prize offer on page 97 is therefore one of outstanding importance.

The problem of nursing in the small hospital is never local nor confined to the four walls of the institution. The nurse from a small hospital may have, frequently does have, very excellent technic. She has that priceless possession of the good nurse, an appreciation of the patient as an individual. Unless she is an unusual woman, once away from her small hospital, she finds it difficult to adjust to larger situations; the large hospital is to her a wilderness and the public health field a limitless thing which offers her little of the sense of security to which she is accustomed.

Because of these things, many times observed, because of our intimate knowledge of and sympathy with the smaller communities, we know that the problem of nursing the small hospital is not a hospital problem, but a nursing problem, and one requiring our best skill in its solution, in order that justice may be done the three concerned,—the hospital, the community, and the nurse.

#### AN ARTISTIC PRODUCTION

**T**HE keynote sounded in the new Calendar of Nursing Leaders is the note of Progress. The foreword beautifully expresses the ideals which have animated the twelve women whose lives are epitomized in a charmingly written series of character sketches. Most of the twelve are far from having completed "the allotted span" of years and are held in affectionate esteem by many thousands of nurses.

Nursing is attaining professional

stature because its leadership is in the hands of women who are animated by "the spirit which leads one to seek ever for the better way, leads one to question, to search, to grope for the right solution to the difficult problem," whatever it may be. The new calendar has a rarely inspirational tone. Individual nurses, schools, and public health nursing organizations can not afford to be without it, for it is filled with loved and familiar faces.

The 1924 calendar is one of a valuable historical series. It is also one means, and an important one, of supporting the work of the National Headquarters. This work is still in its infancy. Its possibilities are enormous. It cannot be developed without suitable support. Every nurse is urged to purchase the calendars for her own use and for gifts, for it is in every way worthy of those who are pictured and of the cause it would present.

#### DISABLED EX-SERVICE WOMEN TO BE ADMITTED TO SOLDIERS' HOMES

The Secretary of War has authorized announcement of the action of the Board of Managers to the National Home for Disabled Volunteer Soldiers, in making provision for admission to these homes of ex-service women who have incurred disability.

At a meeting of the Board of Managers held at Dayton, Ohio, September 14, the following resolution was adopted: "Upon motion, it was ordered that a separate building be set aside at the Danville Branch, Danville, Illinois, for the care of ex-service women who are entitled to admission to the Home and in need of general hospital treatment or domiciliary care, and that separate facilities be set aside at the tuberculosis hospital at the Northwestern Branch, Milwaukee, Wisconsin, for such ex-service women as are in need of treatment for tuberculosis."

In the past, ex-service women have been entitled to the same compensation as men in cases of disability arising from service. They were not allowed any assistance, however, unless their disability was at least ten per cent and directly traceable to service. Efforts were made by organizations, such as the Women's Overseas Service League, to assist the Veterans' Bureau in handling cases. Sufficient funds were not available, however, to make this assistance very extensive. For some months this matter has been under consideration of the War Department and a decision was finally reached, subject to the foregoing confirmation of the Soldiers' Home Board, to extend the Soldiers' Home privileges to ex-service women on exactly the same status as men.

Tuberculosis cases will be accommodated in the Milwaukee home, other cases at Danville. The women's accommodations will be apart from the men as far as practicable with separate mess halls, gardens, and other features. Religious services, concerts, moving pictures and other recreational and educational features will be attended in common by both men and women.

It is desired to ascertain as soon as practicable the number of women who may desire to take advantage of accommodations at the Soldiers' Homes. At present the only basis for an estimate are the disability claims received by the United States Veterans' Bureau.

## DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

### A TENTATIVE SURVEY OF THE AMOUNT OF INSTRUCTION AND PRACTICE STUDENT NURSES ARE RECEIVING IN TUBERCULOSIS<sup>1</sup>

By L. GRACE HOLMES, R.N.

THE discussion of this subject today is really a continuation of a study that was presented last year at the annual meeting of the National Organization for Public Health Nurses in Seattle.

Last year, because I knew so little about the subject that I could not possibly spread out my ignorance before my audience without making a bad impression, I conceived the idea of securing some real information by means of that very popular questionnaire.

I sent a letter and questionnaire to the president of the Board of Nurse Examiners in each state and in the District of Columbia, making a total of 49. I received replies from approximately half of them.

Now when a questionnaire comes to my desk, and a good many of them do come, if I have the information on hand, or if I can secure it without a great expenditure of time, I answer that questionnaire. I believe most people do. So when only 26 states answered, I drew the conclusion that the other 23 either knew so little about what was going on in tuberculosis nursing in their own states that they could not answer, or cared so little that they would not answer. Nine states never have answered either year. Of the 26 that did answer, 10 frankly stated that they did

not know what was being done and could not find out in time to be of any help to me. We were left then with one-third of all the states in which the president of the Board of Examiners did know something about the subject and with two-thirds of the states in which she did not.

One thing that we had supposed a Board of Examiners to be for, was to know the content of the instruction received by the nurses whom they are registering, especially the new graduates as they come out year by year in their own state.

The material secured last year has been incorporated in this report. My questionnaire asked information on the following points:

- 1—Number of accredited schools of nursing in the state.
- 2—Number of these schools giving lectures on tuberculosis.
- 3—Number giving actual bedside nursing in tuberculosis.
- 4—Number affiliating with a sanatorium for this training.
- 5—Total number of graduates in the state in the past year.
- 6—Number of these graduates who had practical work in tuberculosis nursing.

I have handed each one of you a copy of the tabulated findings. I want to make it quite clear, however, that I do not claim that this information is either

<sup>1</sup>Read at the recent convention of the National Tuberculosis Association, Santa Barbara, California.



accurate or complete. I do say that it is the information that was furnished to me by the Board of Nurse Examiners or by the State Association in each case.

This year I addressed another letter to the states who answered last year, asking if they had been able to improve conditions within the year. Several answered, but the only net gain in actual numbers was the addition of one school in Ohio now affiliated with a sanatorium.

To those states that did not answer last year I addressed another questionnaire with an urgent appeal for information. Fourteen states answered. Of these 14 states, 10 reported at least one school giving tuberculosis nursing, rather a better proportion than last year.

Indeed, these letters of 1923 showed a certain amount of awakening to the importance of the subject. I think this may be due in part to the discussion of the subject at the national meeting last year, though a good deal also to some articles on the subject in the nursing magazines and I think this awakened interest is perhaps the most valuable result of our increased activity.

This year two states, California and Iowa, had sent out their own questionnaires to their own schools especially to get this data. I am of the opinion that some other states must have made some such effort, but they did not say that they had done so.

I want to take this opportunity to again express my appreciation of all the effort that has been contributed to this study by various people both last year and this.

This year several Boards,—California, Iowa, Ohio, Mississippi, Washington, Wisconsin, Montana, Oklahoma,

stated that they are definitely working on some plan for increasing instruction and practical work in tuberculosis nursing by affiliation with sanatoria in their states.

One of the things which surprised me most is that the far eastern states, the section of the country where we, and they, have supposed we were getting our leadership, could furnish but the most meagre data. Massachusetts is working on the whole subject of its affiliated schools, but had no data available on tuberculosis nursing. Pennsylvania has one school which gives four months of practical work, another which offers such work as an elective course, but in 1922 none of their students elected to take it. New York has 144 accredited schools, two of which give some tuberculosis nursing, but they stated that almost all of their students are graduated without it. They have, however, plenty of sanatorium material for affiliation if a plan were worked out. This scanty information from New York has left me gasping. New York, where the National Tuberculosis Association lives! Where the National Organization for Public Health Nursing lives! Think of it!

At the other extreme we find Arizona and New Mexico giving practical bedside training in tuberculosis to all of their students. But, of course, that is to be expected from these two states. And besides they have between them only five training schools.

California, which has a migratory tuberculosis problem, gives practical tuberculosis nursing in 12 out of its 69 accredited schools. I have failed both years to get any response from Colorado, where one would naturally expect

to find considerable interest in this subject. Sixteen schools in Minnesota give instruction and practical work in tuberculosis nursing to about 25 per cent of their students; North Carolina, to the students in 5 schools. Texas gives work in tuberculosis nursing in 17 out of 65 schools. These Texas schools, however, must be very small or the tuberculosis work must be elective, because a total of only 33 nurses had experience in tuberculosis nursing in 1922, an average of two to each school giving tuberculosis work. Twenty-eight out of the 40 schools of nursing in Iowa gave some practical work in tuberculosis nursing to a total of 113 students. This is the best showing of any state, excepting Arizona and New Mexico, being 45 per cent of its 1923 graduates. Nebraska and Alabama both claim that practical tuberculosis work is given in all of their schools of nursing. This is so extraordinary that I could not but wonder if my question were quite understood.

Some people certainly did not understand my question. I asked Washington, D. C., what training in tuberculosis work their student nurses receive. Washington, D. C., replied that by law tuberculosis patients were not permitted in the general hospitals of their city; that tuberculosis is all segregated in one hospital of 160 beds, and that this hospital employs graduate nurses. Washington, D. C., graduated all of its students last year with only "a few lectures" on tuberculosis. The writer of this letter expressed the hope that this report would be satisfactory. It was, at least, illuminating, for somehow her letter left me with the impression that she had even missed the purpose of my question.

The Secretary of a Board in another state wrote: "Personally, I do not believe in making tuberculosis nursing compulsory in schools for nurses, but consider affiliation for those nurses desiring to take the course essential." This woman was evidently not in the least concerned about having registered 143 young nurses within the year who knew nothing of tuberculosis.

However, there are other states that feel very different about it. One writes, "I am very sorry that our nurses do not get more tuberculosis experience." Another says, "Your questionnaire has set us thinking in our state, and we shall try to do better." Another, "I am so glad to know this question is coming up at Santa Barbara. I am tremendously interested."

California says, "We have just completed an important committee report in which we recommend that students be given a four months' course in tuberculosis." This was the result of California's shocked surprise on finding out that less than 20 per cent of its schools are giving practical tuberculosis work.

Mississippi writes, "Our new million dollar State Sanatorium is just now opening. We are going to try to arrange for an affiliation of six months for our accredited schools."

The Public Health Association in Ohio is taking the initiative in that state and is trying to arrange for sanatorium affiliation.<sup>2</sup> At the present time Ohio has only one school giving practical tuberculosis work.

Minnesota has 4 schools that give

<sup>2</sup> To the Ohio State Association of Graduate Nurses and the State League of Nursing Education may be credited the initiation of this movement.—Ed.

tuberculosis nursing to all graduates and 12 others are affiliated with these 4, so that in 16 Minnesota schools all students get some tuberculosis work, half of this number in the wards of a tuberculosis sanatorium.

According to the recent Rockefeller study, we have in our whole country about 1600 schools for nurses. Out of this number we have on record 304 that give some lectures on tuberculosis; 118 of these give also practical work to all or some of their students, but we have probably only a yearly average of 850 students from all of these schools that have had work in tuberculosis nursing.

These figures surely should make us pause. Knowing the desperate plight of the patient as I do, it is hard for me to keep my attention focussed on the need of the nurse for training, rather than on the need of the patient for care, for the patient does need us so desperately.

Personally I am entirely convinced that every general hospital should have a tuberculosis ward of its own if it has space enough, if it is not down town in a crowded quarter of some smoky city. Tuberculosis is not a menace to people who live half a block away, nor even to those who live in the next room, if it is properly managed, and every student nurse has a right to be taught that it is not; but chiefly she has a right to be taught how to take care of it so that it will not be a menace to herself and others. She has a right to this training.

She will take care of tuberculosis whether she knows it or not. She will take care of maternity cases and fractures and pneumonia and a dozen other things that are running concurrently

with tuberculosis. A city ordinance may forbid the care of tubercular patients in its general hospitals, a hospital may claim that it does not admit tuberculosis, all of which means to the student that she is not taking care of tuberculosis, yet in a recent study that our Association made, covering a five-year period in Portland, Oregon, where we have such an ordinance, we found that more cases of tuberculosis had died in the general hospitals in our city than in the sanatoria for tuberculosis, that a case of pulmonary tuberculosis had died in one or the other of our general hospitals on an average of about every two weeks, probably all taken care of by pupil nurses.

Given a carefully managed tuberculosis ward in each hospital, this would not be a menace to anyone; scattered around all over the house, it is.

Now while I am convinced that every hospital should have a tuberculosis ward, I am equally convinced that our best training field is the tuberculosis sanatorium. The care of tuberculosis is different from the care of other illnesses, and both for the sake of the patient and for the sake of the student nurse, the sanatorium regime is better. The nurse gets a better perspective in the sanatorium than in a hospital ward and perspective is worth much in the care of tuberculosis.

The sanatorium is always in the country where life is more leisurely than in the average hospital. There is time to think, and to see life as a whole, and one must be able to see life as a whole in doing tuberculosis work.

Any sanatorium with an average of 50 patients, even 25 patients, can be made a suitable field for student

training, if the right people are at the head of it. The medical care must be of a high order; the nursing service must be of a high order. The nurse in charge must be a teacher, a tuberculosis enthusiast, and a good disciplinarian, in short, the right person to administer a sanatorium and to teach nurses.

But the material is there, exactly as the material is there in any hospital. Whether any hospital can give good nursing education or not depends wholly upon the personnel of its medical and nursing staff, and a sanatorium for tuberculosis is exactly like all the rest.

I am well aware that probably the majority of sanatoria today would not make good training ground, exactly as they are, but neither did the majority of hospitals 25 years ago, or even now for that matter. But for those of us who want our student nurses to be ready to care for this very prevalent disease, it is for us to find a way.

There are a number of sanatoria at the present time conducting schools for nurses with pupils drawn very largely from their own recovered patients. Some of them do excellent work. The National Tuberculosis Association sent me a list of 17 such schools. Some of these schools are open to senior pupils from general schools of nursing. There are still other sanatoria that do not conduct schools, that do offer their wards as training ground for students from near-by schools. So far as I have been able to discover, only a total of 18 sanatoria are now being drawn upon for such experience, these 18 sanatoria being affiliated with 26 schools in 12 states.

Only a fourth of our states then are making any use of this wealth of ma-

terial: California, Indiana, Maryland, Minnesota, Missouri, Montana, North Dakota, Ohio, Oregon, Virginia, Washington, and Wisconsin. Iowa and Mississippi are working on a plan.

I hope representatives from these states will have much to say to us in the discussion of this subject, and give us the benefit of their experience, for right here it seems to me is our logical direction for development.

I have spent ten years of my life as head nurse or as superintendent of a sanatorium for tuberculosis. In several different institutions and in every instance it would have been possible, with adjustments, to have given three or four months' experience to a continuous stream of student nurses. I know, of course, that these adjustments would have to be made with the greatest care to get results that would be satisfactory both to the school and to the sanatorium, but I know it could be done, or rather I will say that I know it can be done, if we care enough. It is a vital subject.

We must always keep clearly before us that our reason for teaching nurses is not solely that we may have a group of trained nurses in our land, as we teach music and art for example in our schools, mainly that those of us who can never be musicians or artists may have an appreciation of music and art because it will add to our own happiness. We do not teach nursing for any such reason.

We teach nursing in order that we may have a group of nurses who will do health work all the time and who will take care of us when we are sick, who will bring trained hands and keen minds and sensitive hearts to the task of reducing the world's great load of suffering and sorrow.



What is there in the world that causes more suffering and sorrow than tuberculosis with which we are so ill prepared to cope?

Out of all the 18,000 to 20,000 nurses whom we are graduating each year, we have a record of less than 5 per cent, and allowing for the incomplete condition of this report I think it would be very safe to say that certainly not over 10 per cent are receiving any practical training for tuberculosis work, while in

the United States about 400 people die every day of tuberculosis. When a few hundred people were dying from influenza we were alert, eager to do something about it; when we were losing less than 400 soldiers a day, we sent hundreds of the best nurses we had to the front to try to save those precious lives. Are the lives of this great pitiful army of tuberculous patients less worth saving? Shall we longer withhold our best from them?

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#### OUR CONTRIBUTORS

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**Nellie Gates Brown, R.N.**, **M. Helena McMillan, R.N.**, and **E. Priscilla Reid, R.N.**, are old friends of our *Journal* readers.

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**Grace G. Grey's** paper on Psychology appeared first in the *Pacific Coast Journal of Nursing*.

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**Mabel W. Blumer** is on the staff of the Visiting Nurse Association of Chicago. (See *Journal* for February, 1923.)

**Ada Belle McCleery, R.N.**, graduated in 1910 from Wenley Memorial Hospital, Chicago, and has had one year of study in the School of Civics and Philanthropy. She has done private duty and tuberculosis work. For six years she was directress of nurses at the Evanston Hospital, Evanston, Ill., where she is now superintendent of the hospital.



## DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR  
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### SOCIAL EVENTS IN CONNECTION WITH THE INTERNATIONAL COUNCIL OF NURSING SESSION

ONE of the most delightful social occasions at the recent International Council of Nursing meeting in Copenhagen was a supper given by the Danish Red Cross Society to the delegates and guests at the Yacht Club, the President, Mr. Cold of the National Society, returning from his vacation, the purpose of presiding and welcoming the guests. It would be difficult to find a more beautiful environment for an occasion of this sort, the view from the windows of the Club being over the dancing waters of the Sound, where a passing panorama of sail boats, yachts and steamers presented a brilliant spectacle. The long summer evenings provide a wonderful opportunity for water sports for those who love the sea as do the Scandinavians.

The table, as usual, was covered with brilliantly colored flowers—in no country of the world are the flowers more beautiful—while the lobster patties and other food would satisfy the taste of the most critical epicure. Speeches from the officers and others as usual were in order. One of the most eloquent, if one can judge by the applause, was made by Bertha Wellin, a nurse from Sweden and a member of Parliament. After dinner the Danish nurses sang their National Hymn, and the American nurses, of whom there were several, sang the Battle Hymn of the Republic, which every one seemed to like. The evening

ended by all joining hands and singing "Auld Lang Syne."

Other social events, momentous in their character, were also held. The reception given by Mrs. Tscherning, Ex-President of the International Council of Nursing, on the evening preceding the opening session was one of these. All the guests were received and given an opportunity to become acquainted with each other before the business meetings. Delicious refreshments were served, speeches were made and various individuals toasted.

A delightful tea at the Bispebjærg Hospital was given on the afternoon of July 31. Here again were flowers in profusion, while dainty sandwiches, tea, and wonderful strawberries were served, after which the guests made a tour of inspection of this wonderful institution.

The final social event was a supper by the Danish Nurses' Council at Nimbs Restaurant. Upon this occasion every one relaxed, and in addition songs were sung and speeches of a lighter and more amusing nature were made, the event ending with national hymns. After the supper many of the guests visited Tivoli, a glorified Coney Island, where many of them indulged in frivolous diversions.

### NURSING IN DENMARK

A word regarding the origin and organization of the Danish Red Cross Nursing Service would not be amiss at this time. It originated in 1876. The period of training at first was a year in length, and the experience was given in

the Deaconess Hospitals. Gradually the training was improved; the course was extended to three years; salaries were regulated; and provision was made for old age, partly by self-pensioning and partly by help from the Society.

In 1909, a woman was placed on the general board of the Red Cross and in 1912, a nurse, Cecilia Lutken, became a member and is still serving. She is now in charge of the nursing in connection with the military service. Miss Lutken has also been Secretary of the Danish Nurses' Association. The Red Cross allows its nurse members to wear the badge of the Danish Nurses' Council when on duty, though not in time of war or when abroad. The service is composed of but fifty nurses, but these are on a permanent staff and when not required for relief or emergency work, are engaged in private nursing, their earnings going to the Red Cross Society.

In no country in Europe does an enrollment of graduate nurses under the Red Cross as a reserve of the Army, similar to that of the United States, exist. The system is subject to great diversity, and for the most part Red Cross Nursing Services of the continent are composed of amateurs prepared for military duty by short courses.

The Danish Nurses' Council, corresponding to the American Nurses' Association, has several thousand members. It supports a National Headquarters office in Copenhagen where all of the activities are centralized. It maintains a registry of all graduate nurses which is recognized by the Government. This is essential in the absence of a State law requiring registration, but inasmuch as no school of nursing can be estab-

lished without Governmental authorization, there seems to be little difficulty in exercising supervision over the graduates. The Council owns and controls a beautiful rest and convalescent home at Vedbeck, which accommodates about twenty guests. They have also adopted a badge and an indoor and outdoor uniform, and each nurse needing it is given a special letter of introduction and identification signed by the President. The officers are continued for many years, and appear to devote the better part of their time to the development of the Association. Sick benefits are also maintained. The beautiful Rest House, to which a special motor trip was arranged for the guests, is about ten or twelve miles from Copenhagen via a most wonderful route skirting the sea, and lined by a succession of beautiful gardens and villas, including that of the Queen Mother Alexandra of England and the Dowager Empress Dagmar of Russia, also that of the Queen Mother of Denmark. The former is unpretentious but somewhat ornate, while the latter, a glimpse of which is caught at the end of a long avenue of trees, is more ample in its proportions.

The Nurses' Home is surrounded by extensive gardens, small fruit trees and bushes, flowers and vegetables, and shady lawns. The former grow to considerable size, large, juicy red currants flourish on bushes higher than one's head, and the flowers, flamboyant in color, are to be found in great profusion.

A delicious tea was served with the guests seated at tables where the usual abundance of delicacies was in evidence. The furnishings of the Home are of old mahogany, while rare prints and oriental rugs give an atmosphere of

comfort and culture which could hardly fail to bring rest to over-tired nurses.

#### THE NATIONAL RED CROSS CONVENTION

The Third Annual Convention of the American Red Cross which convened at Washington, D. C., September 24 to 27 inclusive, was opened by President Coolidge, who by virtue of his Governmental office is President of the American Red Cross. His address to the delegates is regarded at National Headquarters as one of the classics in American Red Cross literature.

This was the first time President Coolidge had presided at a public meeting since his accession to the Presidency of the United States, and the first White House reception held by Mrs. Coolidge was tendered the delegates of the Convention when several hundred Red Cross leaders from Maine to California were received by the new and most charming First Lady of the Land.

The Convention program was replete with interest from beginning to end. The sectional meetings of the various services covered, with well planned presentation and discussion, all phases of Red Cross activity, national and international, while the round tables supplemented the sectional meetings with detail for technical workers.

The Nursing, Public Health Nursing, and Home Hygiene and Care of the Sick sectional meetings were especially strong, and these were well attended by the many nurses present at the Convention, as well as by a high percentage of the Chapter delegates. Forty-two nurses attended the Convention, some as delegates and many as guests.

#### ROLL CALL

The American Red Cross will hold

its seventh annual Roll Call, November 11 to 29. Perhaps no other one group in the Red Cross appreciates as do the nurses the value of a well filled treasury, both when calamity strikes and when peace-time projects are to be considered. They have been strong financial supporters of the Red Cross in the past, and upon their activities the Organization has expended for its humane work, vast sums of money.

Said Sir Henri Dunant: "While I am known as the founder and organizer of the Red Cross, it is to an English woman that all the credit is due. It was the work of Florence Nightingale in the Crimea which inspired me to go to Solferino."

The support of this greatest Organization of Mercy the world has ever known should therefore be a matter of especial pride with all nurses, but particularly the 40,000 nurses who have enrolled under its emblem as Red Cross Nurses. As they have so splendidly contributed in many ways to its development in the past, there can be no question but that their response to the oncoming Roll Call, both in membership and service, will justify high anticipation upon the part of the Red Cross.

#### JAPANESE RELIEF

The Japanese earthquake which startled the world with its unprecedented horror has added a great chapter to the history of the American people and the American Red Cross.

Answering the call for an emergency expenditure of energy unparalleled in its history in time of peace, the American Red Cross, designated by President Coolidge as the channel for the expression of America's sympathy for the

victims of the gigantic disaster sprang to a task requiring the full strength of its perfected machinery.

A minimum of \$5,000,000 was established as the goal, and Red Cross Chapters from coast to coast set to work with war-time efficiency, in many instances before their quotas had been assigned to them by the Division offices.

Within one week of the launching of the great campaign the objective had been passed, and October 1st found the American Red Cross administering more than \$10,000,000 given by the American people for the relief of the sufferers of Japan. Despite the statement of President Coolidge issued ten days ago, indicating that no more money was needed, the funds are still coming in.

No personnel is being sent from the United States. The Philippine Islands Chapter of the American Red Cross, however, sent an emergency unit with all possible haste following the disaster. This unit contained a group of native Filipino nurses under the direction of Alice Fitzgerald, who has for the past two years been serving as advisor on nursing to Governor Wood of the Philippine Islands. Miss Fitzgerald served during the Messina earthquake disaster some years ago. Doctors and this nursing unit now in Japan will begin operation of a hospital which soldiers are now erecting in the palace grounds of Prince Takamatsu, at the request of the foreign office, the nursing unit having rendered such exceptional service that it is remaining at the request of the Japanese authorities in Tokyo, and the Japanese Ambassador to America.

Enormous shipments of supplies are being sent from the ports of San Francisco and Seattle, and a large portion of

the fund will be transmitted to the Japanese Emergency Relief Bureau which is the Governmental organization for the administration of such relief.

#### THE CONFERENCE OF DIVISION DIRECTORS OF NURSING

The National and Division Directors of Nursing of the American Red Cross met in a four-day session at National Headquarters immediately preceding the opening of the National Convention.

The entire Nursing Service was reviewed in detail, and the Conference was one of far-reaching value. Miss Noyes presided at the opening session which was devoted largely to the consideration of problems of enrollment and coöperation by the Nursing Service with the local Chapters.

The second day of the Conference was spent upon the problems of administration, instruction, and further extension of the Red Cross classes in Home Hygiene and Care of the Sick, Mrs. Baker presiding.

The third day of the Conference was devoted to Red Cross Public Health Nursing with Miss Fox presiding.

The fourth day was spent upon the consideration of miscellaneous problems, with addresses by the National Directors of the Governmental Services.

Judge John Barton Payne, Chairman of the American Red Cross, greeted the nurses and spoke upon the Japanese Relief situation. James L. Fieser, Vice-Chairman of the American Red Cross in charge of Domestic Operations conferred with the nurses upon questions of finance, while into practically all sessions there came for conference with the Nursing Service the National Directors of the other Red Cross Services.



## DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR  
*National Organization for Public Health Nursing*

### SUPERVISION IN PUBLIC HEALTH NURSING<sup>1</sup>

BY MABEL W. BENNER, R.N.

**W**HILE supervision in the Public Health field is different in many respects from supervision in the hospital, nevertheless, in either the hospital or field, the supervisor must always bear in mind these two objectives; first, the welfare of the patient, and second, the development of the nurse.

In the hospital, a hundred nurses may all be working under the same roof at the same time, with not one, but several supervisors always within call, with probably both internes and attending men within reach in an emergency. The nurses are all working under pretty much the same conditions. In the Public Health field, the same number of nurses would have entered several hundred homes during the day, with conditions in no two homes exactly alike, having perhaps a different physician in attendance on every patient. These nurses must be prepared to meet any emergency, they must have good judgment, and they must be forceful and possess initiative. They must be able to adjust themselves to any circumstance, to have understanding and tolerance for different religious customs, for racial peculiarities. The nurse has much to contend with in the field. In the hospital, the physician has a general idea of what to expect of her; in the home, the physician on the case may

never have heard of her organization,—she must win him over.

In the hospital, baby feeding and care are simple matters. The baby is taken to the mother at regular intervals, or a formula is prepared and the nurse knows definitely what the baby is getting. In the home, the baby may be nursed every few minutes, with refreshments between feedings of condensed milk, pacifiers, and a variety of teas; it is swaddled or covered with a feather tick when the thermometer outside registers 90 degrees. All the detail of the care between the nurse's visits depends upon the instruction she gives that family. She cannot leave her patient, as she leaves her hospital ward, knowing that she may be reasonably sure that medicines are dispensed, diets prepared, and other necessary nursing care is given during her absence. She has little control over the patient's environment, she cannot be certain what influence the next person is going to have over her patient.

The Public Health Nurse must be familiar with the other agencies in her community, knowing the functions and limitations of each. She must understand how to work with them, how to consider carefully every plan which affects them in the slightest degree. She must know how to work agreeably with the private physician, with the dispensary. She must keep informed as to progress in medical work, in social work.

<sup>1</sup> Read at the Institute of the Illinois State League of Nursing Education.



It is conceivable that some unusual soul might step from her hospital ward into work of this kind, and be successful without having had adequate supervision in the field. She would, however, be a rare exception, and even if she should succeed, there is no question but that she, her patients and the community, might have been spared much, if there had been some one to guide her over the rough places, some one to point out the rocks ahead. Many of the successes or failures in Public Health Work can be traced directly to the supervision. Where the supervision is inadequate, where the supervisors are not well equipped for this responsibility, or where the inexperienced nurse without any supervision is attempting organization or even continuing work which has been started, we cannot hope for the best results.

As a rule, the nurse who is placed in the position of supervisor, is inspired with a deep love of nursing; she entered the profession with zeal and enthusiasm, with high ideals, and a desire for knowledge which would help her render a real service to the sick and helpless. Fortunately, the nurse to whom nursing is only a "job" is rarely promoted out of the ranks. How can the supervisor with her added responsibilities, with dozens or hundreds of patients, still render that service which, as a staff nurse, she found so much joy in giving? Quite obviously, she cannot care for each patient herself; she at once becomes dependent upon the members of her staff, as she can act only through them. Miss Day of Teachers College says of the supervisor:

She is one who accomplishes the ends of her own work through the effects she can produce upon the efforts and activities of others.

How often do we ask ourselves, "How am I influencing the behavior of this nurse, what reaction am I getting from that one?" Do we use the same method for one and all, or do we study each nurse individually? Why did she enter the profession, what does she hope to get out of it, what does she hope to give to it? What are her worries, her joys? How can I strengthen her weak points, how develop her strong points?

Only too often the supervisor has not been adequately prepared for the task at hand. In some cases, a woman because of her experience in one branch of nursing, is placed in the position of supervisor in a totally different type of work. That this is a mistake has been proven over and over again, and yet positions are being accepted daily by nurses who do not know the work from the ground up. A nurse cannot have deep faith in the judgment of a supervisor whose advice in the handling of innumerable difficulties is not founded on actual experience. This applies particularly to the Public Health field, for the hospital supervisor must have had her hospital training. Unfortunately, the Supervisor in Public Health often has not had adequate field experience. She frequently does not realize that this is essential. She does not know that her nurses feel the inadequacy of her preparation, and that they are seeking advice from others who know their difficulties through actual experience. The young inexperienced supervisor seldom realizes the unlimited possibilities of her work. She knows that she is responsible for definite routine work, for seeing that certain reports are properly filled out. The responsibility often is placed upon her before she is ready for it, doing a

great injustice to her as well as to the staff. What preparation has she been given for this position? What does she know of human behavior? Is she understanding and sympathetic? What is the attitude of her nurses toward her?

The nurse who is domineering, who regards her supervisory position as one of authority, who commands rather than leads, who believes that cold dignity is more to be desired than warm human understanding, will never get the desired reaction from her nurses. Outwardly they may conform to the pattern she has set up for them, inwardly they are not developing the best that is in them. Why are we so afraid of being friendly? intimacies are not necessary, but we do need to smile oftener; we need not be ashamed of a saving sense of humor; our nurses will not think less of us if we show that we enjoy life. How can we arouse real joy and enthusiasm in our nurses for their work unless we ourselves show that we enjoy every minute of the day? Not long ago, I heard a most inspiring sermon delivered by a splendid white-haired minister. During his prayer, which was stirring and uplifting, I was not a little startled to hear him say most earnestly: "Lord forgive

us for our long faces—" Most of us need forgiving. A smile is contagious, but it is a form of contagion which needs to be spread, not stamped out.

Friendliness, the cultivation of a cheery, pleasant expression and manner, is desirable in all forms of work,—in the Public Health field, it is an absolute necessity. This seems rather a strange thing to teach, and yet it is almost invariably one of the first lessons the new nurse must learn. She may be ever so skillful in her nursing care, her advice may be scientifically sound, her reports neat and accurate, but she will make little impression on her district families if her manner is cold and forbidding.

Several years ago I heard someone remark: "A smile is understood by all nationalities." I have passed that remark along hundreds of times, as it has helped me more than anything else, in working with the foreign-born. The new nurse who is utterly bewildered when people do not understand her, is reassured after using the formula, as it puts her at her ease, the family is more comfortable, and the tension is immediately relieved. It is a step in the right direction.

*(To be continued)*

#### CHILD HEALTH DEMONSTRATIONS

**A**FTER several months' survey of the child health conditions in twelve Southern states, the Child Health Demonstration Committee, representing the Commonwealth Fund and the American Child Health Association, has announced its decision to establish two demonstrations in the South, one in Rutherford County, Tennessee, and one in Athens, Georgia.

Rutherford County, a typical, fairly

prosperous Southern agricultural district, has high tuberculosis and typhoid death rates and unreliable infant mortality and morbidity figures. A new State Code of School Laws provides for physical education in the public schools in all state colleges, universities and normal schools giving teacher training. Murfreesboro, the county seat, is one hour from Nashville—the home of Fisk University, George Peabody

College, Meharry Medical College and School of Nursing, and Vanderbilt College—and it is the location of Middle Tennessee State Normal School and Tennessee College for Women. Every resource of these institutions has been pledged to the demonstration. The County Court on October 1st passed an appropriation for a full time county health unit, suitable quarters for the demonstration and the permanent carrying on of the demonstration program at the end of the five-year period. The demonstration is assured further by the cooperation of the State Departments of Public Health and Education and the State Medical Association.

The work of Maud Ferguson, the efficient Red Cross nurse, has long represented almost the entire health work of Rutherford County. In recognition of her unusual services, Miss Ferguson has been awarded one of the nurse's scholarships offered by the American Child Health Association. Her close connection with the problems of the community gives her a most significant point of view on the Child Health Demonstration. The following letter expresses her conception of the opportunities for improving child health offered to the community by the Demonstration:

The public health nurse working alone in her county, especially in the South, is to Public Health work as "the voice crying in the wilderness." She is a forerunner of some greater power and her eyes and her work are turned toward the future. Propaganda is her strong weapon, and always, in her varied rounds, she is seeking to build up a desire among the people for better conditions in all those things which bear on the health of the individual or community, and to give to them a knowledge that sooner or later broader and better work must be done.

In Rutherford County, Tennessee, during

these past weeks, the people have begun to understand the real meaning of Public Health work, and there is now much rejoicing among them, for the Child Health Demonstration Committee has chosen this community as the field for one of the Southern Demonstrations. From the visits of members of the Committee they have learned something of the value of organization in health work, and they have been given a glimpse of the vastness of this work throughout the world. They realize that Public Health workers, even those alone in the most obscure communities, are part of a great national organization which stands equipped and ready to extend suggestion and help.

The Demonstration will bring directly to our community, through the carrying out of its program in the interests of the mothers and children, unlimited benefits. Its development will serve as a pattern for the group work which must, as soon as conditions permit, be established in all counties of the South.

In addition, many indirect benefits will be evolved. The enthusiasm generated by the contact with experts who may be drawn here by their interest in the work will bring results of great value. One of the most important will be the development of a desire among the people for a wider, more intelligent application of measures dealing with sanitation and the control of contagious diseases. Citizens will work for better housing conditions, for proper inspection of food and water, for improvement in school buildings, and will build up in the community a better understanding of those attitudes of mind and habits of living which contribute most to happiness and comfort in the lives of children. \* \* \*

To obtain the strongest support for the work of the demonstration and to insure its permanency, it is essential to have the cooperation of all the local groups, as well as that of the State from which, in the future, as in the past, help and inspiration must come. Perhaps only the workers have realized to the full extent what bearing efficiency and enthusiasm in the State Department of Health, or the lack of these, have to health work in the rural districts, and how necessary it is, if the work is to become strong and compact, that the County should do its part toward following State Direction. \* \* \*

## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

### THE RELATION OF THE SUPERINTENDENT OF NURSES TO THE SUPERINTENDENT OF THE HOSPITAL<sup>1</sup>

BY ADA BELLE MCCLEERY, R.N.

IN discussing the question of the relation of the superintendent of nurses to the superintendent of the hospital, I have taken for granted that the superintendent of nurses is also the head of a school for nurses. I might clarify my own position a little, perhaps, if I explain that I was the superintendent of a hospital, in fact of two hospitals, before I was a superintendent of nurses, and after being superintendent of nurses for six years, I am again a hospital superintendent.

Who may be a hospital superintendent? Anyone whom the Board of Managers may appoint—man or woman, doctor or nurse, preacher or teacher, a good business man or a poor widow,—I think we have them all. The superintendent of a hospital may be a great executive, may be a diplomat, may be an untiring worker, may be both sympathetic and generous, may have a vision of the opportunities which a hospital presents to medical science in both experimentation and research, or the superintendent of a hospital may lack ability, may be miserly, may be selfish, may be indolent, may see only the work of the day. In either case he is chiefly concerned with the definite aim of the institution,—which is the care of the sick. To accomplish this end he has innumerable duties to perform as he is responsible for the cleanliness and state of

repair of all buildings, for the upkeep of the grounds, for the purchase of all supplies, for the approving and paying of all bills, for the admission and discharge of patients, for the settling of patients' accounts, for all decisions regarding discounts allowed, for the preparation of food, for the laundry, for the engine room, for the hiring of employees, for the upkeep of special departments, and for the supervision of the house staff. No matter how much he may delegate to others, he is the head of the institution.

Who may be the superintendent of nurses? At once we find ourselves restricted, as the superintendent of nurses must be a woman and must be a nurse. Latterly, we find that she should possess other qualifications, which in addition to those of the best hospital superintendents, include a knowledge of educational methods and of educational problems. In other words the superintendent of nurses faces two responsibilities: one, the care of the sick in the hospital; the other, the education of young women as nurses. Because of this two-fold position which she occupies, she is more than simply a department head in the scheme of hospital organization. The failure to understand, or to appreciate, the educational factor is the underlying cause of a large amount of the friction, in many institutions, between the superintendent of the hospital and the superintendent of nurses.

<sup>1</sup> Read at the Tri-state Meeting, La Crosse, Wis., 1922.



What is essential for a harmonious relation between these two? First is respect, each for the other. I mean by this that each regard or treat the other with honor. This respect must be founded upon character and upon ability. If one has respect, other things are added, such as loyalty and coöperation. This is a mutual affair and it is just as important for one, as for the other, to show consideration and to display judgment. There is nothing more deadly to all concerned than a series of "rounds," each trying to take advantage of the other. Unfortunately, this practice also reacts upon those in the ranks, and keeps the entire institution in a ferment.

Why is this question important enough to take the time of this group for discussion today? First, because we find that all over the country, fine, capable, educated, cultured women are leaving positions as superintendents of nurses, seeking other opportunities for usefulness where their authority will equal their responsibility. Second, because of the unhappiness and of the heart burnings of many others who suffer more or less in silence under the conditions which exist in many hospitals.

To any one who is cognizant of the advancement in medical science no explanation of, nor apology for, the advancement in the art of nursing is necessary. To practice medicine today, nurses are essential, not nurses in name only, but educated nurses, who have in addition to a cultural background, a technical knowledge which will enable them in reality to be the right arm of the doctor. Nursing is not confined to the giving of baths, to the serving of trays, to the reading of a thermometer, —but a nurse, a bedside nurse, if she be

more than a companion, must know enough about disease to recognize danger signals, and about instruments of precision to make accurate observations. It is unnecessary even to mention to this group the thirty odd lines of work open to nurses and for which they must be prepared. The point is that in order to meet this need, or demand, we must have the very finest of our women for the heads of our schools, and if other fields are proving more attractive, we must remove the handicaps of ours.

What are the handicaps of ours? It hardly seems necessary for me to mention as handicaps the petty annoyances to which a superintendent of nurses may be subjected and yet they are frequently like a "thorn in the flesh." Of course, she has a right to employ the members of her own staff; of course, she arranges for the social affairs of her school as she sees fit; of course, no orders are issued by the superintendent of the hospital which affect the nursing service without a conference; of course, she is permitted to issue orders to her staff through her own office; and of course, she is given living quarters in keeping with the position which she occupies.

But, probably, the greatest handicap of all is the lack of contact with the Board of Directors. There are active Board members who do not realize just the position which the superintendent of nurses occupies. They will sometimes say very frankly: "I have not met her," or "I have seen her once or twice," or "I think she is all right, she seems to be getting along." They have no sense of responsibility for the school. I wish it were possible to make every member of a Board of Directors of a hospital realize that he is, also, a member of a



school board. How long would any member of a Board of our public schools remain a member if he took as little interest in school affairs as some take in our schools for nursing? Do we ever find that the Board of Directors of a college do not know the name of the college president, or that the principal of the township high school has no contact with his School Board? The situation is no different. The superintendent of nurses has a grave responsibility, as she has all applications to pass upon of students entering the school,—and in these days she has, first of all, to secure the student, and the ability to do that is not to be despised. She has to decide upon the fitness of all probationers to become nurses; she has the assigning of all students to their practical duty, seeing that each has experience in all departments; she has a course of study to outline, and she must have a knowledge of the content of each course offered; she has her teachers to secure, her assistants and head nurses to engage; and her faculty meetings to hold. She has the nurses' residence to supervise, all matters of misconduct or inefficiency to discipline, and the oversight of all supplies used in the nursing departments. She is the buffer between the doctor and the patient, between the nurse and the patient, between the public and the hospital, and between all departments of the hospital. Very few things occur in the hospital which cannot be laid at the door of the nursing service. If the expenses are too high, the nurses are too wasteful; if the food is below grade, the nurse is careless in her manner of serving; if there is a shortage of linen, the nurse does not use judgment in the use of linen; if the hospital is

noisy, the nurse talks too loudly, or she does not move quietly enough. That is the story day after day, and in addition to pouring oil on these troubled waters, the superintendent of nurses must see that each patient has adequate nursing care.

Gradually, people are recognizing the fact that our schools of nursing are taking their place in the educational world as real schools. Some of them are of such high grade that colleges are giving college credit for courses completed, just as Dr. Beard has explained. Just a few days ago I sat on a committee composed of the president of a great university, the dean of a college of liberal arts, the head of a department in the university, the president of a hospital board, and two nurses. The consensus of opinion of that group was that ideas must undergo a greater change concerning nursing education and that colleges must plan for pre-nursing courses, just as they now plan for pre-medical courses.

I know of no better way to illustrate the situation as it exists today in many hospitals than by recalling to your minds the story which we all learned in our youth as the cause of the Revolutionary War. While there might be other causes, the one big cause was "taxation without representation." Although we had but a vague idea of its meaning, with the tolerance of youth we gloried in the courage of those early settlers demanding a voice in the spending of their taxes. As we have grown older we have learned that many other factors influenced that declaration of war, but the phrase has remained with us and illustrates the position in which the superintendent of nurses too often finds

herself. Burdened with responsibilities, working as did the children of Israel to make bricks without straw, she, like our forefathers, becomes discouraged and feels oppressed.

Why should she not represent herself or the work of her school to the Executive Board? Why should she have the superintendent of the hospital interpret her message? He might forget the message as given, or fail to realize the significance of it, as he is not primarily interested in education. Or why should her message be carried by a member of the medical staff? Is any doctor more interested in nursing education than is the head of the school? Can she not be trusted? Then she is not fit to hold the position she now holds in the institution, and the sooner the Board learns that fact the better it will be for both patients and students. Unfortunately, she is not always capable enough to present the needs of the school, but if the handicaps are removed, the difficulty of securing a suitable woman for a superintendent of nurses will disappear also.

If I may be pardoned for being personal, I would like to tell you that at the hospital which I have the honor to represent, for nearly three years the hospital superintendent and the superintendent of nurses have sat with the Hospital Board in executive session. The result is that the Board is beginning to be interested in nursing problems, and has made it possible for us to establish reforms which were badly needed. On the other hand, the superintendent of nurses now has a better understanding of hospital problems, which has not only resulted in greater economy, but also a spirit of coöperation has developed. I

know of no time when advantage has been taken by the superintendent of nurses of the privilege which has been given her. She has never made the mistake of presenting matters which might mean a change of policy without first discussing the matter with the hospital superintendent and the Training School Committee. On the other hand, she is not prohibited from presenting any matter she may desire to the Training School Committee. The hospital superintendent sits on this committee also. As this committee can only act in an advisory capacity and has no power to vote funds, it is important that she present her own problems, with the endorsement of the committee, to the Executive Board.

On the other hand, it is equally important for the superintendent of nurses to show consideration to the superintendent of the hospital. An unwise woman may sow seeds of discord by interfering in those departments which are strictly hospital departments, by offering unsought-for advice, or by the breaking of regulations which have been established.

In closing, I would like to pay a tribute to those fine women who have had the courage and the faith to remain as superintendents of nurses. We hospital superintendents can only stand in your presence with uncovered heads, for we are concerned with material things, almost like the Martha of old "cumbered with much serving," but you are molding the lives of young women, and for three years you are both an example and an inspiration to them. You are, also, sending out a never ending stream of women prepared to help make the world a better place in which to live.

## STUDENT NURSES' PAGE

### MORE NURSES FOR TUBERCULOSIS

By GERTRUDE BEDELL

*D. Ogden Mills Training School, Trudeau, N. Y.*

**W**HERE are we to get enough nurses for tuberculosis work? This is the cry all over the land, of those doctors and workers who come in daily contact with the disease. In Saranac Lake, N. Y., at the present writing, it is difficult and almost impossible to get a nurse from the registry at the time she is most needed; they are all out on cases. Miss Groff, in her article, "An Appeal for Nurses in Tuberculosis Sanatoria," which appeared in the *American Journal of Nursing* some months ago, tries to persuade the graduates of general hospitals to enter tuberculosis work. But will they do it? Even among nurses there is a widespread fear of the disease. To those familiar with it, these fears are known to be groundless, but it is unlikely they can be removed until there is a more widely disseminated knowledge of tuberculosis.

Even when this happens, will the average graduate nurse answer the call to care for the tuberculous in sufficient numbers to meet the need? She is not particularly interested in tuberculosis (unless she has had it herself), she knows little about it, as Miss Groff states in her article, and if at the end of three years' work in a general hospital, she takes a postgraduate course in it, such as that offered by Sea View Hospital on Staten Island, she is looking for an executive position which will repay her for her time and effort spent in training, and while executives are needed, there is even greater need for

the specially trained nurse to do the actual nursing of the tuberculous, either at home or in sanatoria.

Where, then, is the recruiting of tuberculosis nurses to be done? The answer is, among the tuberculous themselves—those young women of good educational qualifications who have secured an arrest of an incipient or moderately advanced case of the disease, who do not wish to go back to their former occupations. Because they have had the disease themselves and have been treated in a sanatorium for it, these girls are peculiarly well fitted for the work, for they enter a training school with an advance knowledge of tuberculosis greater than that of many a graduate nurse, and they have besides, a sympathetic understanding of the mental processes that attend the disease that makes them valuable as comforters and companions. Moreover, they are not afraid of getting tuberculosis, for they have already had it.

The logical place in which to train these student nurses is in the sanatoria themselves. The time is not distant when such training schools will be far more numerous than they are now. The need is imperative; it only remains to make this need known and to provide the proper facilities for the training of tuberculosis nurses. This should include the best living and working conditions obtainable,—outdoor sleeping porches, nourishing food and a working day of not more than eight non-consecutive hours with two half days off weekly.

The training should cover the same ground in theory, and as far as possible in practice, as that which is taught in general hospitals, with special emphasis on tuberculosis. Nurses trained in the old school may think this program too luxurious, but these measures are merely means of safeguarding the health of the student nurses who, being arrested cases of tuberculosis, cannot be considered in the best physical condition. Girls will not take up the work if they find their predecessors have broken down under it.

It seems to have been proved that however desirable is a course of training in a general hospital with which the sanatorium training school may have an affiliation, there are few student nurses in tuberculosis who can stand it physically and the task of weeding out these few is fraught with difficulties. But if the sanatorium schools are modeled on the highest standards, they can give a specialized training which is entirely adequate for the type of nursing their graduates intend to do. It is desirable,

too, that the graduates of these training schools have legal recognition as trained tuberculosis nurses. Unfortunately, in New York State at present, the law provides that no graduate of a sanatorium training school without affiliation with a general hospital, can be more than a "trained attendant." This seems hardly designed to increase the number of intelligent young women who might take up the profession of tuberculosis nursing.

This is an age of specialization, likewise of a lack of tuberculosis nurses. Let us dovetail these two facts and provide a specialized training in tuberculosis. The raw material for nurses is present in every sanatorium; the tuberculosis specialist can put in his word in favor of the training; all that remains is to provide schools of the best quality to turn out enough nurses yearly to fill the breach. It is only a question of time when this will become an accomplished fact. Now what we want to know is, "How soon?"

#### PRACTICAL SUGGESTION

While caring for a "kidney case," my greatest worry was how to protect the patient's clothing when sitting up. I took a very thin piece of silk rubber, 8 by 12 inches, and turned in about one and one-half inch along each side, then turned in the corners, to form an envelope. The lower edge of the rubber was fastened with inch wide adhesive to the patient's hips, below the incision, thus forming a pocket. Pieces of bandage, fastened to the top corners, were brought up over the opposite shoulder, bringing the pocket of dressings snugly against the incision, catching all drainage. By changing the dressings two or three times daily, I could keep the patient in a chair most of the day and this added greatly to his comfort. (A rubber glove can sometimes be used for the pocket, to advantage.)

NELLIE G. SMALLWOOD, *Baltimore, Md.*

## LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

### PROGRESS IN POLAND

**D**EAR EDITOR: Perhaps you will be interested in noting that a magazine, *Child Welfare*, is now being published in Poland, though Child Welfare work was started there little over two years ago. The Polish Committee has also started a sick relief fund for the workers in charge of the Health Centers, of which there are 85 functioning.

Missouri

M. E. S.

### MISSIONARY NURSING

**D**EAR EDITOR: Through reading the letters published in the *Journal*, I became interested in missionary work and applied for work in China, but I was appointed to come to the Philippines. I am now waiting to sail.

Ohio

C. M. H.

### THE JOURNAL FOR RELIEF FUND NURSES

**D**EAR EDITOR: As the Christmas holidays draw near, we are all beginning to think of what we can do to give cheer and pleasure to our friends and acquaintances. It has just occurred to me that there may be many nurses in the country who would like to send a cheery message to the nurses who are beneficiaries of the Nurses' Relief Fund. There are, I believe, thirty-five nurses on the list at the present time and it seems to me that a subscription to the *American Journal of Nursing* would be as acceptable and cheerful a gift as any, to each of these nurses. Only three of the total number are receiving the *Journal* at the present time. Those wishing to send a Christmas remembrance to our sick nurses may make the amount of subscription (\$3.00) payable to the *American Journal of Nursing*, stating that it is for one of the beneficiaries of the Nurses' Relief Fund, and send to the Managing Editor of the *Journal*, 19 West Main Street, Rochester, N. Y.

A. G. D.

### WHAT THE JOURNAL MEANS TO ME I.

**D**EAR EDITOR: You don't know how pleased I am to be able to subscribe

again to the *Journal*. I have been like a cat in a strange garret without it. Next time I shall pawn my clothes, if necessary, to renew my subscription.

Vermont

M. S. H.

### II.

**D**EAR EDITOR: As I am separated from the profession in most every other way, I should be lost entirely without the *Journal's* contact, and I think it is growing better all the time.

Oregon

W. H. H.

### JOURNALS WANTED

Margaret Brinton, Librarian, Mayo Clinic, Rochester, Minn., wishes a complete set of the *Journal* for the years 1914, 1915.

Rev. J. J. Sigstein, 1531 Van Buren Street, Gary, Ind., wishes back numbers of the *Journal* for use in home to home visiting and social service work among the poor.

### A DESPERATE SITUATION

**D**EAR EDITOR: The German Nurses' Association, founded in 1903 by thirty nurses, has grown to a membership of 4000. In 1907, there were in Germany, as shown by the state statistics, about 75,000 professional nurses. Of these, 26,000 were Catholic nuns; 12,000 Protestant Deaconesses; 6000 in Red Cross mother houses; some hundreds in smaller organizations. All of these were subjects of their institutions, who could not decide by themselves which sort of work they preferred or could do best, but had to do what was ordered, the institutions taking care of their personal needs for their whole life. The larger their numbers grew, the more had to leave the institutions, to help their families by independent work. Out of these independent nurses the German Nurses' Association was founded. Not used to independent life, they needed a place to turn to and tried to get this from their own numbers. They had a committee formed of nurses only, from the beginning, and were so able to join the International Council of Nurses as early as 1904. The religious and worldly mother houses took no special interest in furthering this profession,



as nursing was only one of many sorts of work and their leaders, lay people. The German Nurses' Association was the only place where professional standards and training came before everything else. To show by statistics the overwork, the ruin of health, the defects in training, and to try to improve conditions were its all-important goals. The Prussian government had been working as early as 1902 for state registration. When it came into force in 1907, the German Nurses' Association was the strongest supporter of it, even in its defective beginning with only one year of theoretical training as a first step forward. Practical training had always been from 3 to 5 years in all these institutions. The German Nurses' Association has always asked for three years practical and theoretical training. Since 1921, only two years are granted and the fight for three years of training is going on. State registration is now in force in all German states. Social welfare work was from the beginning one of the great interests of the Association. In later years a number of social schools have been founded in all parts of Germany, with splendid theoretical teaching, but without a strong practical basis. The Association believes earnestly that this is a heavy fault and that nobody should do health work without a long experience in nursing. Besides the large group of different mother houses, and the small beginning of an independent professional association, there were many thousands of nurses of the type of attendants in hospitals, asylums, etc., untrained, uneducated, unorganized, and most of them without any ideals. Since the revolution, these people have been organized in two large unions. The smaller and weaker one calls itself "Christian," the larger one is quite socialistic, a branch of an enormous political body. Politics are a strong feature. They try to get more male nurses into the hospitals and in responsible places, while at the same time the directors want women in these places, because men are not able to do the housekeeping part of nursing in any way. In the time of revolution, all of them, men and women, asked for entrance into training, but when they saw that meant mental work, which they were not up to, they did not press the question. Now their union has made at least part

of them go in for it and tries to lower the standard of training and examination, to give their people a greater chance of passing. By political pressure they got state registration for many of them without real training, and as a new bill for nursing for the whole German empire is planned, they try to get much influence in that, to make it further their political ends,—the worst thing possible for the nursing profession in Germany. Their speakers are generally not even male nurses, but party journalists and secretaries without any professional foundation.

This is the situation of today in German nursing and just now the growing pressure of all the destroying influences is hitting the German Nurses' Association at the root. This small but always fundamentally strong body has been quite independent in money matters. The fees of members were, after the first few years, enough to support a large central office in Berlin and branches in different parts of Germany, most of the latter combined with homes for nurses on private duty. In the last years before the war, a few thousand marks were laid aside every year with thoughts of our own house in Berlin. One of the branches in Bremen had bought one for its private nursing home. In the first years after the revolution it was impossible to raise the salaries of the higher classes, only those of hand-working people were going up rapidly, often by strikes. During the past two years, by degrees, the salaries of most nurses began to be satisfying, so that the Association hoped to be able, after very hard years, at least to keep up its work on a small scale. But the fall of the mark ruins all such hopes. The journal that kept the 4000 members in connection with headquarters and with each other cannot longer be printed. It had gradually been shortened from twelve pages every fortnight to four pages every two months. Its cost, before the war, was only 300 marks; the last small number on the 1st of July was 2½ million. The staff in the Central office is reduced from 14 to 7. Only with great overwork was it possible to keep things going on with so few people. Every one of the staff nurses was willing to do her best, but the salaries, this month about 225 million marks, just enough to keep only their life, can not

be paid for much longer, as the substance of it is not coming any longer from the fees of nurses working in Germany, but from the small number working in foreign countries. These members are paying their fees in foreign money and we also received gifts from a few foreign friends which should really go to the old and sick nurses of the society, who are not able to live on their state pensions, but must slowly starve without help of the Association. But if the Association breaks down, they have no chance to get any such help, and so we must try first to keep it alive. If the German Nurses' Association perishes, that means extinguishing the only party in German nursing which stands for professional ideals. It would mean not only the loss of twenty years of hard work of an independent body of professional women, but it would deliver the forming of the new bill to unprofessional leaders at the head of the mother houses (Red Cross) and the political unions. This would mean the greatest damage not only for nursing,

but just as well for all social health work. Only this great danger touching the whole nation gives us the courage to ask for help. Nobody can help us in our own land, so we must turn to foreign countries, hard as it is. We must try every possible step, before we lose our years of hard but successful organizing work, not only for the welfare of our profession, but for the welfare of our whole nation.

SISTER AGNES KARLL,

*President German Nurses' Association, Honorary President International Council of Nurses.*

NOTE—This plea for help for the German Nurses' Association has the endorsement of the Board of Directors of the American Nurses' Association. The German Nurses' Association is a member in good standing of the International Council of Nursing. No campaign for funds will be made, but nurses who would like to help, voluntarily, are asked to send contributions to Headquarters, American Nurses' Association, 370 Seventh Avenue, New York.

#### A FRAME TO RAISE A HOME BED

I was called to a case where the patient was an old lady with paralysis of the left side. She weighed about 140 pounds and was in one of the lowest beds made. After making her as comfortable as possible, my first thought was for a different bed. I tried to get a hospital bed, but without success. I finally solved the problem of raising her bed by the aid of a carpenter to whom I told my ideas and he carried them out with wonderful satisfaction. He made four posts, 4 x 4 x 14, put good ball bearing castors in the bottom, and steel pins in the top which fitted into the old castor holes. The posts were held together by long strips of wood, outside the foot and head, and inside the sides of the bed, so that they would not interfere with me when I stood beside the bed. This raised the bed 16 inches, bringing it to a very good height so that I could work with greater ease. An old curtain rod was placed against the head of the bed, held firmly by brass caps fastened to the sides by three screws, each. The patient was able to help move herself by pulling on this. As the patient improved and became able to get to a chair, the posts elevating the bed were sawed off 6 inches at the bottom, enabling her to touch her feet to the floor. The frame was given a coat of shellac, so it was not unsightly.

A back rest made of wire screening, and a foot rest, made standing, like the pedals of an organ, were also part of the equipment for this patient.

NELLIE G. SMALLWOOD, *Baltimore, Md.*

## QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

4. In several years' experience in public health I have not been able to learn whether there is an instrument on the market for determining the degree of humidity of a room.

If you will write to the Taylor Instrument Companies, Rochester, N. Y., and ask them for their Tyco-Hygrometer Book, we think you will find the information you have been seeking. The Bridgeport Hospital, Bridgeport, Conn., has assured us of their satisfaction with this instrument.

5. Kindly let me know the exact date of Jane Delano's death and burial.

Miss Delano died in Savenay, France, April 15, 1919, and was buried there, April 18, 1919. Her body was brought to this country in the fall of 1920, and was buried in the National Cemetery at Arlington, September 18, 1920.

6. When may a graduate wear her school pin? When may the Red Cross nurse's badge be worn?

We know of no regulation covering the use of school pins, other than that of good taste. The principle set forth in the regulations for the use of the Red Cross badge seems to us

to hold good; namely, such pins should not be used for adornment nor should they be used because of their utility except when an accepted part of a uniform.

Regulations governing the use of the badge of the Red Cross Nursing Service, approved by the National Committee on Red Cross Nursing Service, April 23, 1921:

"First: It may be worn by an enrolled Red Cross Nurse only, and then as a badge and not as a pin.

"Second: When in Red Cross uniform it may be worn:

(a) With the indoor uniform to fasten the collar in front.

(b) With the outdoor uniform it may also be used to fasten the collar of the waist.

(c) It may be worn two inches below and three inches to the left of the lower left hand point of the collar.

"Third: It may be worn at a Red Cross function with civilian clothes or with evening dress. When worn in this way, it must not be used as a pin, but should be worn on the left of the waist, in relatively the same position as described in (c) above."

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The Red Cross roll call will occur November 11-29. Nurses are part of the very body of the Red Cross and will not need urging to give it their loyal support, but in addition to personal cooperation, they may use their influence to make clear to others the need of the Red Cross for funds with which to carry on its world-wide benefactions.

### TOO LATE FOR CLASSIFICATION

**Delaware:** The Delaware State Board of Examiners for Nurses will hold the next examination at the Homeopathic Hospital, Wilmington, on Monday, December 3, beginning at 9 a. m. Refer all applications to Mary A. Moran, Secretary, 911 Delaware Avenue, Wilmington, not later than November 24. Applications from nurses wishing to come in by reciprocity will also be considered on this date. Mary A. Moran, Secretary.

**Ohio:** The Nurses' Examining Committee of the State Medical Board will hold an examination for applicants for nurse registration on December 10, 11 and 12, Columbus. Applications should be made well in advance to Nurses' Examining Committee, Ohio Building, Fourth and Main Streets, Columbus.

### WHAT TO READ

Nurses, especially operating-room nurses, should read an article in the August number of *American Journal of Obstetrics and Gynecology*, entitled, "Resuscitation in Obdominal Surgery," by H. Wayne Babcock, M.D., Philadelphia. This Journal is published by the C. V. Mosby Company, St. Louis.

"The Education of the Nurse in the Principles of Mental Hygiene," is a good summary of articles that have appeared in various magazines on this topic,—*Mental Hygiene*, July issue,—editorial office, 370 Seventh Avenue, New York.

## NURSING NEWS AND ANNOUNCEMENTS

(Nurses who send items are asked to write very clearly, to print proper names, and to be sure of their facts. Please add the name and address of the sender.)

### AMERICAN NURSES' ASSOCIATION

THE BOARD OF DIRECTORS OF THE AMERICAN NURSES' ASSOCIATION held a meeting October 1-3, in New York. A general plan for the program for the 1924 biennial meeting was presented providing for the general meetings of the three organizations to be held jointly, and the business meeting of each organization arranged so as to give members of the other two organizations an opportunity to be present. The Chairman and the Secretary of the Legislative Section met for one afternoon with the Board of Directors to discuss the further development of the legislative work of the American Nurses' Association. Clara D. Noyes, who attended the Executive meeting of the International Council of Nurses in Copenhagen, gave a most comprehensive and detailed report of the meeting (see *American Journal of Nursing* for October). At the Executive meeting of the International Council of Nurses it was recommended that the American Nurses' Association be requested to appoint a Committee on Revision, also one on Eligibility and Program to work with Christiana Reimann, Honorable Secretary of the Council, who is to come to the United States the first of the year to attend Teachers College. As the subjects of Revision and Eligibility are so closely related, it was decided that one Committee might serve in a dual capacity; Clara D. Noyes was appointed Chairman, with Sarah E. Sly and Agnes G. Deans. Those appointed on the Program Committee for the meeting to be held in Helsingfors, 1925, are Isabel M. Stewart, Elizabeth G. Fox and Agnes G. Deans. A special committee was appointed for the purpose of watching Federal legislation relating to nurses and nursing. Lucy Minnigerode was made Chairman of this Committee, with power to select the other two members, residents of Washington, D. C. Jane Van De Vrede, Chairman of the Special Committee on Publicity presented the following recommendations in developing publicity for the American Nurses' Association:

1—That the Committee be a joint committee of the three nursing organizations.

2—That the Committee be composed of the secretaries at Headquarters of the American Nurses' Association, and the National League of Nursing Education, the Publicity Secretary of the National Organization for Public Health Nursing, the Editor of the *American Journal of Nursing*, the Editor of the *Public Health Nurse*, and the local Chairman of Publicity at the biennial meeting.

3—That all publicity go through the National Chairman but be sent out from the Headquarters office.

4—That a Publicity Committee be appointed in each state which will centralize the interest in the three branches of nursing.

The Publicity Committee was also authorized to be responsible for securing abstracts of papers for the 1924 Convention. The W. B. Saunders Company offered to print the programs for the 1924 meeting. The offer was accepted with appreciation. It was decided to call a meeting of the Advisory Council of the American Nurses' Association for June 14, 1924, just prior to the opening of the Convention. The report of the Treasurer follows. The Finance Committee was authorized to call a meeting not later than October 31st to prepare a budget. As the Secretary of the American Nurses' Association was appointed as representative of the Board of Directors at the Headquarters Office for one year only, through December 31, a resolution was adopted that she continue in this office until such time as the Board of Directors take further action. The membership of the American Nurses' Association up to October 1, 1923, is 46,070.

AGNES G. DEANS, Secretary.

### REPORT OF THE TREASURER

January 1, 1923, to September 15, 1923

#### Receipts

Balance for 1922.....	\$ 1,806.73
Dues .....	22,337.05
Sales of Accredited Lists.....	279.97
Contributions to Headquarters from individuals and organizations.....	55.00
Interest on bonds.....	23.75



Interest on bank balance.....	119.68
Bonds redeemed .....	1,000.00
<b>Total .....</b>	<b>\$25,622.18</b>

*Disbursements*

Expenses of delegate to Hospital Conference .....	17.77
Expenses of Board of Directors from January 1 to August 1.....	742.62
Expenses of Committees.....	130.67
Postage .....	15.00
Printing and stationery.....	86.00
Express (Sending trunk, typewriter and material to Headquarters)....	25.42
Headquarters fund .....	6,750.00
Bonding treasurer .....	12.50
Bonding fiscal officer at Headquarters .....	25.00
Transfer Jane A. Delano bond.....	23.75
Dues to affiliated organizations.....	35.00
Telegrams .....	21.12
Publicity .....	13.33
Auditors .....	75.00
Safety deposit box.....	5.00
Expenses, delegate to Copenhagen....	700.00
Refund to Arizona State Nurses' Association .....	4.00
Exchange on checks.....	2.51
Stenographic service .....	6.82
<b>Total .....</b>	<b>\$ 8,691.51</b>
<b>Balance on hand.....</b>	<b>16,930.67</b>
	<b>\$25,622.18</b>

V. LOTA LORIMER, *Treasurer*.

**NURSES' RELIEF FUND  
REPORT FOR SEPTEMBER, 1923**

*Receipts*

Balance on hand.....	\$20,730.10
Interest on bonds.....	40.00
Interest on Liberty bonds.....	299.63
California: District 5, \$10; Dist. 9, \$22; Dist. 12, \$22; Dist. 18, \$144.	258.00
Connecticut: Meriden Hosp. Alum., \$5; three individuals, \$5.....	10.00
Illinois: Dist. 1, \$10; Dist. 5, \$26.18; Dist. 7, \$5; Dist. 8, \$20; Children's Memorial Hosp. Alum., Chicago, \$40 .....	161.18
Michigan: Dist. 1, \$8; Dist. 5, \$2;	

Dist. 6, Farrand Training School, Detroit, 75 cents.....	10.75
Minnesota: Two individuals .....	3.00
Missouri: Kansas City General Hosp. Alum., \$38; Bethesda Hospital Alum., St. Louis, \$10; Protestant Hosp. Alum., St. Louis, \$10; St. Joseph's Hosp. Alum., St. Joseph, \$10 .....	68.00
New Hampshire: Hillsboro County Hospital Alum., \$20; Notre Dame Hosp. Alum., Manchester, \$9; Littleboro Hosp. Alum., Littleton, \$6; one individual, \$1 .....	36.00
New York: Dist. 7, St. Luke's Alumnae, Utica, \$20; Little Falls Hosp. Alum., \$12; Broad St. Hospital Alum., Oneida, \$5; Dist. 13, one individual, Mt. Sinai Hosp. Alum., \$7; three individuals, \$12.....	56.00
Tennessee: Knoxville Registered Nurses' Association .....	101.00
Washington: Dist. 1 .....	55.00
Wisconsin: St. Joseph's Alum., Milwaukee .....	25.00
<b>Total receipts .....</b>	<b>\$21,853.66</b>

*Disbursements*

Paid to 37 applicants.....	\$560.00
Exchange on checks.....	.45
Postage .....	11.52
<b>Balance September 30, 1923.....</b>	<b>\$21,281.69</b>
<b>Invested funds .....</b>	<b>57,050.00</b>

**\$78,331.69**

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For further information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

**A TRIBUTE TO MISS DOCK**

"The Executive Committee of the International Council of Nurses desires to express to Miss Lavinia L. Dock, late Hon. Secretary of the Council, its regret that she is unable to be with them on this occasion, and to assure her



that her great interest, and the personal touch of her work for the professional advancement of nurses will be kept forever in the memory of all those whose interests are closely allied with those of the International Council of Nurses."

#### ARMY NURSES SENT TO JAPAN



REBA C. CAMERON

The U. S. Army Transport *Somme* sailed on September 8, 1923, for Japan, carrying Army Medical personnel and supplies for the relief of victims of the earthquake. The medical personnel which could be spared from the posts in the vicinity of San Francisco were sent on the *Somme*. Six members of the Army Nurse Corps sailed, with 1st Lt. Reba Cameron in charge of the detachment from the Letterman General Hospital. The personnel is as follows: 1st Lt. Reba Cameron, 2nd Lts. Dorothy Proske, Betty L. Stevenson, Sarah I. Stevenson, Zora N. Ballard, and Mary I. Carney. All of these nurses with the exception of Miss Cameron are to proceed to the Philippine Department for duty when they have completed their relief work in Japan. Miss Cameron has been directed by War Department orders

to return to the Letterman General Hospital upon the completion of her duties in Japan. Information has just reached this office that Medical officers, six members of the Army Nurse Corps, approximately one hundred enlisted men, and fifty-one Filipino nurses have been ordered from the Philippine Department.

#### CLASSIFICATION OF NURSES IN GOVERNMENT SERVICE

The Superintendent of Nurses of the Public Health Service was appointed to the Personnel Reclassification Board for the purpose of classifying the questionnaires of nurses, physiotherapy aides and dietitians. It came to her something of a shock that it was the intention of the Personnel Board to place nurses either in a group to themselves or in a sub-professional grade. It was not, however, the intention of the Personnel Board to classify nurses as professional personnel nor as a part of the medical service. It is now understood that a definite classification in a grade known as Nursing and Attending has been decided upon. This action of the Personnel Board places nurses in practically the same position in which they were placed in the Lehlbach Bill, where they were rated with the housekeepers' assistants and head orderlies and other attendants in a hospital. Every effort is being made by the Public Health Service to induce the Personnel Board to change this classification. The sixteen officers detailed to the Bureau for the purpose of working out reclassification for the Public Health Service have gone on record as stating that it is their belief that nurses should be placed in the professional grade. Whether their action will have any effect upon the final reclassification is not as yet known. The question is one of great importance not only to nurses in Government Service, but to nurses throughout the country that the Government of this country shall not go on record as placing nurses in a non-professional classification. The Immigration Law of 1917 and an Abstract of Occupation Statistics of the Census Bureau both place nurses in the professional service. The Rockefeller Report recognizes this as do the majority of civilian organizations and it is believed if an entire knowledge of the issues involved can be presented to the

Personnel Board that they will in justice to the nurses of this country change the decision which has already been made. It must rest largely with the nurses themselves whether they are willing to accept a non-professional classification in case the Personnel Board does not recognize the justice of their request for professional recognition.

#### ARMY NURSE CORPS

During September, 1923, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: Army and Navy General Hospital, Hot Springs, Ark., 2nd Lieutenants Mabel B. Williams, Jennie A. Smith; Station Hospital, Fort Banks, Mass., 2nd Lieutenants Julia B. Sherman, Mary A. Mukdoon; Station Hospital, Fort Bragg, N. C., 1st Lieutenant Lucy W. Holden, Chief Nurse; Columbia University, New York, 1st Lieutenant Angeline L. Staples, Chief Nurse; Fitzsimons General Hospital, Denver, Colo., 2nd Lieutenant Nettie H. Erdenberger; Japan (temporary duty), 1st Lieut. Reba G. Cameron, Chief Nurse, 2nd Lieutenants Zora M. Ballard, Mary L. Carney, Dorothy Proske, Betty L. Stevenson, Sara I. Stevenson; Station Hospital, Fort Leavenworth, Kas., 2nd Lieutenant Ethel K. Mellor; Letterman General Hospital, San Francisco, Calif., 1st Lieutenant Mary M. Broadus, Chief Nurse, 2nd Lieutenants Margaret Donohoe, Ida M. Shelvin, Dora M. Askew, Mabel M. Ford, Nettie R. Jenkins, Mary M. Morgan, Ethel F. Carson; Philippine Department, 2nd Lieutenant Ruby E. Nichols; Station Hospital, Fort Riley, Kas., 2nd Lieutenants Elizabeth H. Crothers, Marie Jedamus; Station Hospital, Fort Sheridan, Ill., 1st Lieutenant Beale S. Bell, Chief Nurse, 2nd Lieutenant Evelyn Hardy; Walter Reed General Hospital, Washington, D. C., 1st Lieutenant Ruth I. Taylor, Chief Nurse, 2nd Lieutenant Elizabeth M. Aldridge.

Orders have been issued for the separation from the service of the following named 2nd Lieutenants, A. N. C.: Frances D. Troutman, Signe E. Holmes, Rose Allison, Frances E. Van Voast, Freda Hess, Marie Holman, Fannie Arbough, Ruth E. Garbe, Marguerite Norton, Susie Dotson, Elizabeth Shockley, Ida Lange, Mary MacDonald, Margaret Moss, Louise P.

Furueker, Elsie M. Smith, Fidelia E. Barber, Eleanor Peart, Gertrude Mangan.

Arrangements for special courses for members of the Army Nurse Corps are now being made. Of the seventy-eight applications for such courses only a few can be granted because of the difficulty of effecting the necessary replacements. First Lieutenant Angeline L. Staples has commenced her year's course in the Department of Nursing and Health at Teachers College, on full pay and allowances, and First Lieutenant Edna M. Beyrer is soon to begin a four months' course in psychiatric nursing at the Illinois State Training School of Psychiatric Nursing, under the same circumstances. Courses in the administration of anesthesia, and laboratory technic are being conducted for nurses in various Army hospitals, but additional courses in other institutions cannot be arranged until later in the year.

The dedication of the bronze tablet in memory of the officers, nurses, and enlisted men of the Medical Department of the Army, who died in the World War, which has been erected at Carlisle Barracks at the Field Medical School, took place on October 4th. The ceremony was held in connection with the 31st annual meeting of the Association of Military Surgeons of the United States. The dedication took place after the formal parade and review of the troops, which was conducted for the visiting officers by the Surgeon General of the Army. At the parade the representatives of the Government nursing services who were present were invited to take the review with the Surgeon General and with the group of foreign officers who were present. The dedicatory address after the unveiling of the tablet was made by Brigadier General John M. T. Finney, Medical Reserve Officer. In his address General Finney paid a most touching tribute to the work of the nurses during the war. It is hoped that his entire address, which as a memorial was full of deep feeling, and as an appeal for personal responsibility in present day world problems, was an inspiration, may be printed in full in an issue of the *Journal*. The Superintendent of the Navy Nurse Corps and the Superintendent of the Nursing Service of the Veterans' Bureau, and three officers from the office of the Army Nurse Corps were present.

## ARMY SCHOOL OF NURSING

The new class of the Army School of Nursing consists of thirty-eight students. The school is having the privilege of entertaining Mademoiselle Mignot, Assistant to Dr. Hamilton, of the Florence Nightingale School at Bordeaux. Mademoiselle Mignot has been sent to this country to observe methods of practical nursing procedures. She will stay in the Army School for several weeks, but will also visit other schools before her return to Bordeaux.

Mademoiselle Marguerite Oelker, Assistant to Mademoiselle de Joannis of the Rue Amyot School in Paris, returned to Paris on the second of October. She was sent to this country by the American Committee for Devastated France to take the summer course at Teachers College, and to visit a number of training schools. She had the great privilege of being entertained at the School of Nursing of the University of Minnesota, the School of Nursing of the University of Cincinnati, the Lakeside Training School, and the Philadelphia General Hospital Training School for Nurses. She also spent several weeks in Washington at the Army School of Nursing.

JULIA C. SIMMONS,

*Major, Superintendent, Army Nurse Corps,  
Dean, Army School of Nursing.*

U. S. PUBLIC HEALTH SERVICE NURSE  
CORPS

*Transfers:* Erma G. Morrison, Acting Chief Nurse, from U. S. Marine Hospital No. 18, St. Louis, Mo., to Acting Chief Nurse, U. S. Marine Hospital No. 8, Evansville, Indiana; Lucile Watkins, New Orleans, La., to Key West, Fla.; Laura Saeed, Evansville, Ind., to Louisville, Ky.; Gladys Brock, New Orleans, La., to Memphis, Tenn.; Agnes Lally, Savannah, Ga., to St. Louis, Mo.; Dora Bransfield and Annie R. Bransfield, St. Louis, Mo., to Ellis Island, N. Y.; Edna Bachelder, New Orleans, La., to Ellis Island, N. Y.; Bernice Redmond, New York City, to Boston, Mass.

*Reinstatements:* Emma M. Ryan, Gertrude Camors, Ina M. Burney, Lucile Soliday, Helen Spruill, Cicely Hunt, Anna Pope, Mary O'Toole, Ruth C. Henning, Minnie Fahlman, Ruth Fix.

LUCY MINNEMORE,  
*Supt. of Nurses, U. S. P. H. S.*

U. S. VETERANS' BUREAU NURSE  
CORPS

*HOSPITAL SERVICE. Transfers:* Lucille Ellsmere, Carolyn Glickley, DeAlva Frazier, Myrtle Crutchfield, Edna F. McKinney, Hannah Brandt, Rue M. Dibble, Kate V. Grubbs, Adeline P. Boren, Alice L. Dunbar, to Ft. Bayard, N. Mex.; Grace Cashman, to Kansas City, Mo.; Ruth E. Metcalfe, Bess L. Petty, to New Haven, Conn.; Ida LaPorte, Anna P. Kelly, R. May Kennedy, Mellie L. Barnes, Susie I. O'Neill, Mrs. E. D. Bryan, to Muskegee, Okla.; Abbie Purvis, to Ft. Lyon, Colo.

*Reinstatements:* Mary Weir, Elsie Hottel, Freda Grutzmacher, Mrs. Alice T. Gayer, Ruie B. Ginn, Elizabeth Lehman, Vera W. Shanks, Julia Lyons, Mary Izatt, Ethel Replinger, Leona M. Snyder, Mrs. Edna M. Long, Margaret T. Cassidy, Lisetta Kerb, Madeleine I. Johnson.

*DISTRICT MEDICAL SERVICE. Transfers:* Josephine Hughes, to Cincinnati, Ohio, Dist. 7; Nell Boyd, to St. Louis, Mo., Dist. 9; Genevieve C. Jones, to Evansville, Ind., Dist. 7; Grace M. Engblad, to Dallas, Texas, Dist. 14; Alice A. Rowe, to Pittsburgh, Pa., Dist. 3; Irene Kober, to Erie, Pa., Dist. 3.

The Director has approved a conference of Chief Nurses from the hospitals and the fourteen regional districts in the Service, to be held at Central Office, Washington, D. C., beginning November 5, 1923. There will be approximately sixty Chief Nurses in attendance at this conference.

MARY A. HICKEY,  
*Superintendent of Nurses.*

THE AMERICAN SOCIETY FOR THE CONTROL OF CANCER announces its regional campaigns which are to be carried out in six districts, beginning in the Northwest on October 15 and closing in the New England States, May 14. The plan calls for a month's activity in each region rather than a single week's intensive work throughout the country. The nurse, whether she be engaged in public health or in general nursing, can assist in several specific ways in this program. It is planned to deliver lectures before all manner of clubs and organized groups. As a member of a women's organization, as well as of her own nursing organization, she is in a position not only to

suggest that a doctor be invited to address their group, but to stimulate interest and follow up the request by helping in all suitable ways to make the arrangements. In some cities nurses have even been added to the cancer committees' lecture bureau, provided with the Society's standardized lecture syllabus and given some special training in the presentation of the subject for the special purpose of giving short talks before women's clubs which may prefer a woman speaker. The Society points out that the gravest duty rests upon those nurses whose lot it is to attend the sick suffering from cancer. Cancer is not contagious and those afflicted are often in the greatest anguish of both body and mind. Humane attention is therefore necessary and the nurse should acquaint herself definitely and accurately with the danger signs and early symptoms of the disease, and then, with all the energy at her command disseminate this knowledge to those with whom she is brought in contact. The fact that cancer is curable is not known by many patients; that to be cured requires early recognition and prompt action is the message which this Society is promulgating and in which it asks the cooperation of the nursing profession. The nurse is often the confidant of women suspecting cancer and she should therefore be in possession of all the latest facts and be a constant disciple of early treatment. Pamphlets on the subject specially prepared for nurses will be sent upon request to the Society's office at 370 Seventh Avenue, New York, N. Y.

Resolutions adopted by the Board of Directors of the American Nurses' Association:

Whereas, Nurses are classified as part of the Medical Service of the United States Army and have been given by law rank as officers of the Army, and nurses of the Navy have a similar designation; and whereas by an act of Congress the Nursing Service of the American Red Cross has been designated as the reserve of the Army and Navy; and nursing has been recognized as a profession by civilian organizations, schools and colleges, and under the Immigration law of 1917 nurses are listed as professionals, and the Census Bureau has also listed graduate nurses as professionals; and a deviation from this classification will react unfavorably to the best interest of the sick in

times of peace and the wounded in times of war and will inevitably result in poorer and fewer nurses in Government Service, and whereas during the World War, the nurses of America because of their professional standing and efficient service established a record for the nursing of the world and rendered a service which has gone down in history as unparalleled; and whereas in the report of the Rockefeller Foundation nurses are accepted as professionals; and whereas the American nurses as a memorial to their comrades who made the supreme sacrifice during the World War, have established a training school for nurses on American lines in France, be it resolved, that the nurses of America express through their national organization, the American Nurses' Association, their belief that the Personnel Board will consider carefully the issues involved and will make their classification of nurses in accordance with the generally accepted professional classification.

#### UNITED STATES CIVIL SERVICE EXAMINATION

An examination will be held throughout the country on December 5 to fill vacancies in the Panama Canal Service. Information and application blanks may be secured from the U. S. Civil Service Commission, Washington, D. C.

At one of the meetings of the MISSISSIPPI VALLEY CONFERENCE ON TUBERCULOSIS, held in Evansville, Ind., a nursing section was held with Harriet Fulmer presiding. Subjects discussed were: The Migratory Consumptive Problem, Ida Spaeth, Colorado; Tuberculosis in a County Nursing Program, Virginia Lewis, Ohio; Nutrition Work, Mary E. Murphy, Illinois; Stabilizing County Nursing, Nellie Van Kooy, Wisconsin.

#### PICTURES OF EDITH CAVELL

The Edith Cavell Homes of Rest for Nurses, 32 North Audley Street, London, W. 1., England, announces that they can supply reprints of Edith Cavell's photograph, 8 by 10 inches, for one shilling plus postage of six pence. The picture is in colors in a white uniform with bonnet and veil. Copies of these can be secured by communicating directly with the above address and for the price mentioned.



**Arkansas: Pine Bluff.**—THE DAVIS HOSPITAL ALUMNAE held its first meeting after the summer on September 19 and arranged the program for the winter. An effort is being made to get the District up to 100 per cent. in *Journal* subscribers before the State meeting.

**California: Sanitarium.**—ST. HELENA SANITARIUM AND HOSPITAL held commencement exercises on September 4, for a class of 25, the largest ever graduated. The address, *The Great Call*, was given by Dr. George Thomson of Los Angeles. The diplomas were presented by Dr. George Knapp Abbott. A reception was given in the gymnasium, following the exercises. On September 6, the Alumnae Association gave the class an all day picnic at Dillon's Beach. Alumnae came from long distances to join in the commencement events. **Stockton.**—THE TENTH DISTRICT ASSOCIATION held a regular meeting, October 4, in the Martha Washington Club Rooms. Miss Hawkins, Executive Secretary to the Camp Fire Girls, gave a most illuminating talk on the work she was doing, also a short resumé of the history of the Camp Fire Girls' movement in America. \$50 was donated to the Japanese Relief Fund to be used for the nurses in that stricken country. The second payment of \$20 to the College of the Pacific was paid. In 1922, \$100 was pledged as the nurses' contribution to the Weber Memorial Fund. Captain Weber was the founder of Stockton.

**Colorado:** THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, December 11, 12, and 13, 1923, to examine nurses for a license to work in Colorado. Apply to Secretary, Louise Perrin, Capitol Building, Denver Colorado. **Denver.**—THE MOUNTAIN STATES CONFERENCE OF THE CATHOLIC HOSPITAL ASSOCIATION held its third annual meeting at Mercy Hospital, September 10 and 11. A wonderfully successful meeting was held, presided over by Diocesan Director Rev. Jos. F. Higgins. The following officers were elected for the ensuing year: President, Sister Mary, Glockner Sanitarium, Colorado Springs; vice-presidents, Sister Marcella, St. Joseph's Hospital, Denver; Sister Elmore, St. Anthony's Hospital, Denver; Mother M. Ignatius, Mercy Hospital, Denver; secretary-

treasurer, Sister Necasia, St. Anthony's Hospital, Denver. It was decided to hold the next annual meeting at St. Anthony's Hospital, Denver. **Pueblo.**—The Intermediate Class of MINNEQUA HOSPITAL gave an informal banquet in honor of the Senior class on the evening of September 12, at the Beulah Country Club, thirty miles away in the foothills of the San Isabel forest. The trip, made in motor cars, was a pleasant feature of this delightful occasion. Toasts were given by members of both classes and of the faculty, and the class will and prophecy were read. Dancing was enjoyed before the return trip was made.

**Connecticut: Hartford.**—THE HARTFORD HOSPITAL held graduating exercises for the class of 1923 on September 28 in the South Park Methodist Church, followed by a reception at the Nurses' Residence. **New Haven.**—THE ALUMNAE ASSOCIATION OF THE CONNECTICUT TRAINING SCHOOL held a regular meeting on October 4 at the Nurses' Home. All officers were present. After the transaction of business, Professor Irving Fisher of Yale University spoke on Health Conservation, with emphasis on early treatment of cancer. The President was chosen as a delegate to the convention of the American Child Welfare Association.

**District of Columbia: Washington.**—THE DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION held its annual meeting at the Gallinger Municipal Hospital, September 23. The election of officers resulted as follows: President, Elizabeth Melby, Walter Reed Hospital; vice-president, Minnie Goodnow, Children's Hospital; secretary and treasurer, Catherine E. Moran, Gallinger Municipal Hospital. Various topics of interest were discussed, among them the Central School of Nursing project, which was given to the Committee for final action. It was decided to extend an invitation to the Graduate Nurses' Association to attend the meetings and become members of the League so as to form a closer relationship between these associations. Following the meeting a luncheon was served.

**Florida:** THE FLORIDA STATE NURSES' ASSOCIATION will hold its annual meeting in Jacksonville, November 26 and 27. **Tampa.**—DISTRICT 4 met on October 1 at the Gordon Keller Hospital Nurses' Home. Miss Johnson



resigned as secretary and Mrs. H. Ryland Cox was appointed to fill the vacancy. A social hour followed.

**Georgia:** THE GEORGIA STATE NURSES' ASSOCIATION will hold its annual meeting in Atlanta, November 26-28. Lucy Minnigrode of Washington, D. C., will be the main speaker of the convention. The local chairman of arrangements is Jessie Candlish, 20 Ponce De Leon Avenue. The Chairman of the Program Committee is Mrs. Eva Tupman, Macon Hospital, Macon. Athens.—ST. MARY'S HOSPITAL held commencement exercises on September 28 at the First Baptist Church for a class of five. The address was given by Col. H. Abit Nix. The diplomas were presented by Dr. H. M. Fullilove. Forsyth.—Mrs. Arzner Jackson, graduate of Grady Hospital, Atlanta, has opened a private home for epileptic and abnormal children and for the aged who need good nursing care. Savannah.—THE FOURTH DISTRICT ASSOCIATION held its September meeting at the Park View Sanatorium. Reports were given by the committees on Education, Relief Work, and Board of Trade. A social hour followed.

**Illinois:** THE INSTITUTE held under the auspices of the State League in Chicago, in September, had an enrollment of 116, but attendance at various sessions was often over 200. Evelyn Wood has been appointed Executive Secretary of the Central Council for Nursing Education, succeeding Carol L. Martin. Chicago.—Four Scholarship students of the Visiting Nurse Association returned in September to their work,—one from a year at Teachers College, one from a summer course in the same place, one from a six months' psychiatric course at Johns Hopkins, and one from a course in Physiotherapy of the Harvard Medical School. Members of the staff of the Visiting Nurse Association gave a demonstration, "When the Visiting Nurse Calls" at the Chicago State Hospital, on September 14. Violet J. Curtis of St. Mary's Hospital, Kansas City, Mo., has taken a position in St. Francis Hospital, Blue Island, Ill. MARY HOSPITAL graduates are reported as follows: Florence Canavan, Olive Daly and Mary Langdon have joined the staff of School Nurses. Nell Kimmel is employed as Industrial Nurse with Armour & Company.

Esther Schobinger is Supervisor of Obstetrical Department at St. Anthony's Hospital. Antoinette Morrissey has accepted the position of Surgical Nurse at Mercy Hospital. Teresa Murphy is doing School Nursing in Detroit, Michigan. Irene Niland has accepted the position of Instructress of Nurses at Mercy Hospital, Toledo, Ohio. Decatur.—R. Helen Cleland has resigned her position as Superintendent of the Decatur and Macon County Hospital. Peoria.—THE JOHN C. PROCTOR ALUMNAE had a concession at the Greater Peoria Exposition. A lunch stand, checking booth, first aid, and day nursery were conducted by the nurses and a nice sum of money realized for the Student Nurses' Home Fund. Erma Rhea Broun of Bethany Hospital, Kansas City, has been appointed Superintendent of Nurses at the Methodist Hospital of Central Illinois.

**Indiana:** THE INDIANA STATE NURSES' ASSOCIATION held its twenty-first annual meeting, and the INDIANA STATE LEAGUE OF NURSING EDUCATION, its sixteenth annual meeting at the Hotel McCurdy, Evansville, October 5, 6 and 7. The 4th was given entirely to League meetings, Mrs. Albion Fellows Bacon giving the address of welcome and Mary M. Peterson, the response. Lizzie L. Gosppinger gave a report of the meetings of the National League at Swampscott. Josephine Mulville gave a most interesting address on Coöperation or Coördination of Training School Departments. Carolyn E. Gray of Cleveland gave the principal address of the day, A Résumé of Recent Developments in Nursing Education and a Prospectus of the Future. League officers elected are: President, Josephine Mulville, Indianapolis; vice-president, Sister Rose, Indianapolis; secretary-treasurer, Edna L. Hamilton, Indianapolis; directors, Mary Peterson, Lizzie L. Gosppinger. The meeting of the State Association was opened on the morning of the 5th with prayer by Rev. A. L. Craig. The address of welcome was given by Mr. Hollands, President of the Welfare Federation of Evansville. Ina M. Gaskill in her President's address enumerated the accomplishments of the year and expressed her pleasure because of the spirit of coöperation which had existed. Carolyn E. Gray of Cleveland gave a stimulating address on Are We Giving Satisfaction? Other addresses were: Tracoma Work in

Kentucky, Linda Neville; The Survey of Nursing in Indiana, Florence Blasier; The Value of Story Telling, Flora Dutcher; Outside Interests for the Private Duty Nurse, Bessie Patton; Summer Activities in a Country Public Health Nursing Service, Isabel Glover. Julius Doerter, Physical Director of the Evansville School, gave an excellent address on Physical Education, demonstrated by a class. Dr. Caldwell demonstrated late methods of blood transfusion and the taking of throat cultures. Mary F. Horn conducted a round table on Maternal and Infant Hygiene. Though the business meetings were full, not all the time was given to work. The Senior class of St. Mary's Hospital took the delegates for a ride about the city on the evening of the 4th; on the 5th, the local associations gave a boat ride and a picnic lunch. On the 6th, there was a waffle breakfast, followed by another ride. Officers elected are: President, Ina M. Gaskill, Indianapolis; vice-presidents, Mrs. Della Ingle Smith, Evansville, Grace Harvey, Lafayette; secretary, Eugenia Kennedy, Indianapolis; treasurer, Mary M. Peterson, Indianapolis; directors, Mrs. Mabel Scott Huggins and Lula Cline.

Iowa: Council Bluffs.—Anna Wheeler, graduate of the Jennie Edmundson Hospital, has a position in Chicago as Supervisor of Obstetrics at the American Hospital. Creston.—Two nurses from Creston have been sent to San Francisco to the American Legion convention. DISTRICT 9 held a regular meeting on October 8. Three delegates were chosen to attend the State meeting. Davenport.—St. Luke's ALUMNAE met at the home of Fannie Smith on September 27, a social hour following the business meeting. Clara Cruins, Supervisor of the Visiting Nurse Association, is recovering from a severe illness. Des Moines.—DISTRICT 7 met on September 14 for dinner in Harris Emery's tea room. Four delegates were chosen for the State meeting at Waterloo. Two new members were elected to the Association. Fairfield.—DISTRICT 2 held one of the most interesting meetings of the year on September 29. Beatrice Short, Supervisor of School Nurses, Des Moines, and Adah Herry, Superintendent of Public Health Nurses, gave very interesting talks. Dinner was served at the Leggett House by the Jefferson County

Hospital Alumnae Association. Grinnell.—Mrs. Leticia B. Larsen, Superintendent of Grinnell Hospital, has accepted the Superintendency of the Greater Community Hospital at Creston.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will conduct semi-annual examination for State Registration November 20-21, 1923, at the J. N. Norton Memorial Infirmary, Louisville. For application and information apply to Flora E. Keen, R.N., Secretary, 115 N. Main Street, Somerset, Kentucky.

Louisiana: THE LOUISIANA NURSES' BOARD OF EXAMINERS will hold its next examination in New Orleans and Shreveport, December 10, 11, 12, 1923. For further information, address Dr. J. S. Hebert, Secretary, 27 Cancha Building, New Orleans, La.

Massachusetts: Boston.—THE MASSACHUSETTS GENERAL HOSPITAL celebrated the fiftieth anniversary of the founding of the training school by exercises held on October 15 and 16. (A report will appear next month.) THE BOSTON ALUMNAE ASSOCIATION will meet on November 6 at Vose Hall. An address will be given by Dr. Paul W. Emerson on Work on the Boston Floating Hospital. Loominster.

—THE GRADUATE NURSES' CLUB has given a subscription to the *Journal* to the student nurses at the Loominster Hospital. Lowell.

—St. John's HOSPITAL ALUMNAE is planning for the annual dance to be held at the Highland Club, and also for the annual banquet which will be held at Marie's restaurant on the evening of November 24. The members are earning money to be used toward the new nurses' home. Tewksbury.—THE STATE INFIRMARY held graduating exercises for a class of 20 on September 26. As in the past, the precusson was formed at the nurses' home and marched to the chapel. A class song composed by a member of the class was sung during the exercises. Afterward, the class picture was taken, a collation was served, and dancing followed in the evening.

Michigan: THE EXECUTIVE BOARD OF THE MICHIGAN STATE NURSES' ASSOCIATION held a meeting at the Y. W. C. A. Building, Lansing, September 15, with seventeen members present. Miss Welch, the President, was given a warm welcome after her absence from the State for more than a year in Florida. A delegate was

appointed to the State Federation meeting. **Detroit.**—The meeting of the First District was held September 5 at the Club rooms, with 35 members present. The event of the evening was the report of the National Convention of Business and Professional Women, held at Portland, Oregon, in June, given by Jane Cousins, vice-president of the National Organization of Business and Professional Women's Clubs. It was a great pleasure to have Miss Cousins as the guest of the District. Refreshments were served by the tireless and friendly refreshment committee. **THE FARRAND TRAINING SCHOOL ALUMNAE** held its regular monthly meeting at McLaughlin Hall, October 9. New members were received into membership, reciting the Florence Nightingale pledge. Topics discussed were the forthcoming biennial conventions for 1934 in Detroit and also a short report was given of the National League of Nursing Education held at Swampscott in June. A social hour followed the meeting. Eva A. Gregg, Superintendent of the Isabella Hospital, Tientsin, China, and President of the Nurses' Association of China, gave a talk to the nurses of the Farrand Training School on the work in China and the need for more nurses there. The other schools of nursing of the city were guests of the Farrand School for this meeting. Florence N. Crane, class of 1917, Farrand Training School, who has been doing missionary nursing in the Belgian Congo, has given up her post temporarily because of ill health. **THE ALUMNAE ASSOCIATION OF THE GRACE HOSPITAL TRAINING SCHOOL** held its annual meeting at the Helen Newberry Nurses' Home on October 9. The attendance was large and refreshments were served at the close of the meeting. The following officers were elected: President, Zada Ivas; vice-presidents, Emma J. McDonald, Minnie McGregor; recording secretary, Georgina Reid; corresponding secretary, Katherine Neely, 3954 Second Blvd.; treasurer, Mabel White; directors, Ella Mally, Elida Cox, Ida Harland, Jessie O'Harrow and Melvina Johnson.

**Minnesota: Duluth.**—**THE ST. LOUIS COUNTY PUBLIC HEALTH ASSOCIATION** issues a very attractive booklet as its annual report, containing names of officers, their reports, and many interestingly-told bits of health information. **St. Paul.**—Mrs. Ruth Montgomery has

resigned her position as anesthetist at Bethesda Hospital. Olive Hamburg is now filling the vacancy. Signe Wahlstrom has accepted the position as record clerk at Bethesda Hospital.

**Missouri: Kirksville.**—The annual meeting of the A.S.O. Nurses' Alumnae Association was held September 29 at the Nurses' Home. The following officers were elected for the year: President, Cora E. Gottreu; vice-president, Edna Morris; secretary-treasurer, Jeanette P. Carley. **Springfield.**—Frances Rowe, graduate of Johns Hopkins Hospital School for Nurses has accepted the position as Instructor at Springfield Hospital. Edith Burch, graduate of Springfield Hospital, School for Nurses, has accepted the position as Assistant Superintendent. Nellie Gelter has resigned as Operating Room Nurse and is doing Private Duty. Louise Mahl, graduate of Sparks Memorial Hospital, Fort Smith, Arkansas, has accepted the position vacated by Miss Gelter.

**Nebraska: THE NEBRASKA STATE BOARD OF NURSE EXAMINERS** will hold its next regular examination in Omaha and Lincoln, November 19, 20, 21. For information and applications write to Superintendent of the Department of Health and Welfare, State House, Lincoln, Nebraska. **David City.**—**THE THIRD DISTRICT NURSES' ASSOCIATION** held its fourteenth regular meeting September 14. An address, My Work, was given by Rev. Mr. Bader. Dr. Meyers spoke on Mouth Hygiene; Dr. Beede spoke on Feeding and Care of Children; and Newton W. Gaine, on Recreation or the Need of an Avocation. Luncheon was served at noon. **Lincoln.**—Lila Margaret Korman, president of the St. Elizabeth Hospital Alumnae Association, has accepted the position of Superintendent, School of Nursing, at St. Joseph's Hospital, Mitchell, S. D.

**New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION** will hold a meeting in Orange on November 2. **THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING** is to hold its fall meeting on November 10, at the Johnson & Johnson plant, New Brunswick, by invitation of the firm. The morning session will be devoted to business which includes the adoption of a new Constitution and By-laws, to meet the requirements for Branch membership in the N.O.P.H.N. Members are invited to be the

guests of the Johnson & Johnson Co. for luncheon at the Hotel Klein. Dean Douglas of the Woman's College (Rutgers) of New Brunswick, will be the luncheon speaker. The afternoon session will include addresses on Rehabilitation Surgery, by Dr. Fred Albee and on The Problem of the Foot, by Dr. Robert E. Humphries, Surgeon in Chief of The New Jersey Orthopedic Hospital, Orange.

**New York: Amsterdam.**—THE AMSTERDAM CITY HOSPITAL held commencement exercises for a class of seven on September 28 at the Elks' Club. **Auburn.**—DISTRICT 4 held its regular meeting at Auburn City Hospital on October 11. Routine business was transacted. Eight delegates to the State Convention were elected and authorized to pledge \$100 to the Relief Fund for Nurses. Five new individual members were accepted. One delegate was chosen to the convention of the American Nurses' Association in Detroit next June. **Buffalo.**—THE BUFFALO CITY HOSPITAL was formally opened by exercises held from September 30 to October 7, beginning on the 30th with dedication of the Ernest Wende Hospital Building. On October 1-7, clinics were held, medical and scientific meetings, inspection by the public, with public health talks and movies. A reception was given to Senior high school girls. On the evening of the 6th, a special meeting was held of the Buffalo Council of Social Agencies and the Social Workers' Club. **New York City.**—ST. LUKE'S GRADUATES are reported as follows: Nettie Thomas, class of 1920, has a position at St. Luke's Hospital, New Bedford, Mass. Byrd McGavock, class of 1922, is doing social service work in Chester, Va. Ellen Scott, class of 1921, is Assistant Director of Nurses at the Staten Island Hospital. **Rochester.**—THE GENESSEE VALLEY NURSES' ASSOCIATION held its September meeting at the Tuberculosis Sanitarium, Miss Wells and her assistants being hostesses. Dr. Lloyd gave one of his delightful talks. Anne Forgie, class of 1903, Rochester General Hospital, has resigned her position as Superintendent of Nurses, Woman's Hospital, Cleveland, and has returned to her home in Guelph. She is succeeded by Louise Odum. Miss Gorton and Miss Jennings have transferred to the National League of Nursing Education the copyright of

the pageant, History of Nursing, so that the text may be more widely available. All proceeds from the sale of the text in the past have been given to the Nurses' Relief Fund. **Saranac Lake.**—THE SARANAC LAKE GRADUATE NURSES' ASSOCIATION, DISTRICT 8, held its regular meeting in the Trudeau Memorial room on October 2. A delegate to the State convention was chosen. Mrs. Joseph L. Nichols, chairman of the General Hospital Building Fund Drive, talked on the plans for the drive and how it might affect the annual Donation Day which the Association always holds for the Free Bed Fund. A compromise program was evolved and approved. **Syracuse.**—THE HOSPITAL OF THE GOOD SHEPHERD has acquired Colonial Hall for a Nurses' Home and has remodelled it to accommodate 56 students. Beulah Crawford, graduate of the University of Iowa, has been appointed Superintendent of Nurses. Mary Rogers, Assistant Superintendent of Nurses, has resigned and is returning to her home in Warwick. Winifred Rooney has resigned as Instructor; Emma Morrison, as X-ray technician; Genevieve Burton, as operating-room supervisor; and Mrs. Rae McManus, as supervisor of the infirmary. THE ALUMNAE ASSOCIATION resumed its meetings on September 27. Because of the absence of the President, Mary Rogers, Mrs. Clara Cummings Truendell was chosen to fill the vacancy until January. The class of 1908 held a reunion at Brewerton, with seven members present, and many husbands and children. The class of 1920 held a reunion at Skaneateles with ten of the fourteen members present. Arvilla Everingham is Director of Nurses at Faxon Hospital, Utica. Eulalia Dexter is on duty at the Cornell Infirmary. **Utica.**—DISTRICT 7 held its annual meeting in September at the Nurses' Home of St. Luke's Hospital. Officers elected are: President, Mrs. Lena Clark, Little Falls; vice-presidents, Mary Murphy of Rome and Sarah Burns of Utica; secretary, Laura Soder; treasurer, Lena Kram; directors for two years, Anna O'Neill and Bessie Tibbotts. The November meeting will be held at the State Hospital, when talks will be given by Harriet May Mills of the State Hospital Commission, and Ida Cannon, social worker of the Massachusetts State Hospital. **Watertown.**—DISTRICT 6 held its quarterly



meeting at the House of the Good Samaritan, October 3, thirty-three attending. Dr. W. W. Hall, pathologist of the House of the Good Samaritan, gave a short talk on The Use of Insulin and Intarvin in the Treatment of Diabetes.

**North Carolina: Asheville.**—DISTRICT 1 held a meeting in September. After the business session, the Public Health nurses took charge of the program. Miss Stockton, Red Cross county nurse of Buncombe, and Miss London of Caldwell County, gave most interesting talks, on the different phases of their work. The meeting was largely attended. Several visitors were welcomed. A delegate to the biennial meeting of American Nurses' Association in Detroit was chosen. The October meeting was in charge of the League. Miss Laxton, of the Blitmore Hospital, gave the history of the League. Miss Andrews, of the Mission Hospital, spoke of the work in the State. Both talks were greatly appreciated. The November session is to be devoted to the American Red Cross. In June, the Private Duty nurses had the honor of hearing Frances M. Ott, the National Chairman. The Program Committee has worked faithfully to interest every nurse in the different sections of the State Association.

**North Dakota: THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINER:** will hold its next examination in Grand Forks, November 20 and 21, 1923. All applications must be returned to the Secretary at least ten days prior to the date of examinations. For further information, address M. Clark, Secretary, Devils Lake, N. D.

**Ohio: THE PUBLIC HEALTH SECTION OF THE STATE NURSES' ASSOCIATION** held an institute in Columbus, October 10 and 11. Cincinnati.—DISTRICT 8 held its first fall meeting out of doors on the beautiful grounds of the Bethesda Medical Hospital. Blanche Pfeifferhorn gave an interesting report of the League convention at Swampscott, Mass. Miss Wahn, Instructor at Christ Hospital, gave an enthusiastic account of the Principals' and Instructors' meeting held at Cleveland. Several important measures of more than local interest were acted upon. The sum of \$30 was voted upon for the Japanese Relief Fund. The salary of the Registrar of the Central

Registry was increased so as to be in proportion to that paid other Registrars. The flag which accompanied the Nurses of Base Hospital to France and had been given to District 8, was returned to the Jane A. Delano Post of the American Legion, as requested by them. Mabel McCullough is the recipient of the first scholarship given by the Alumnae of the Jewish Hospital. She is studying at Teachers College, New York. Cleveland.—ST. JOHN'S HOSPITAL held graduating exercises at the Chamber of Commerce on September 12 for a class of 16. The address was given by Rt. Rev. Magr. Francis T. Moran, D.D. A reception followed. A Scholarship Fund for the benefit of the School of Nursing has recently been started. The Alumnae Association gave \$800 as a nucleus and this is being steadily increased by proceeds from entertainments and other student activities. When completed it will provide for an annual scholarship of \$450 to Columbia University to one student from each graduating class. THE ALUMNAE ASSOCIATION held its annual election on October 2: President, Mrs. J. Avellone; vice-president, Mary Lombard; secretary, Loretta Henry; treasurer, Genevieve Morgan. Elyria.

—THE SCHOOL OF NURSING OF THE ELYRIA MEMORIAL HOSPITAL held open house one evening, with this year's class and the alumnae as guests. THE ALUMNAE ASSOCIATION met at the Nurses' Home, October 3, and enjoyed an address on Alumnae by Muriel Anscombe, Principal of the School of Nursing. Miss Anscombe has been for ten years Assistant Principal of the School of Mt. Sinai Hospital, Cleveland; she is secretary of the State League. The alumnae feel that the school is fortunate in securing her for its head. The Association is planning a definite program for the winter. Kenton.—Ruth Lunney has been appointed city health nurse. Tiffin.—Mae L. Tisdale is school nurse. Mrs. Clementine Tuthill is city health nurse. Trumbull County.—Anna E. Lewellyn has been appointed county nurse. Youngstown.—Clara Hedberg, class of 1919, Youngstown Hospital, has gone as a missionary under the Presbyterian Board to the Philippine Islands for a period of five years.

**Oklahoma: THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS** will hold examination



for applicants, December 13 and 14, at the State Capital. Applications should be in six weeks before the date of examination. Ben Ross, Secretary-treasurer, Soldiers' Memorial Hospital, Muncie, Ind.

**Oregon:** THE OREGON EXAMINING BOARD has new officers: President, Grace Phelps; secretary-treasurer, Jane V. Doyle, both of Portland. Emily Sanders, graduate of the Good Samaritan Hospital, Portland, has been made a member of the Board. **Portland.**—MULTNOMAH COUNTY HOSPITAL has been moved to new quarters. Emily Lovelidge, Superintendent of the Good Samaritan Hospital, will attend the meetings of the American Hospital Association in Milwaukee and those of St. Barnabas' Guild in Cleveland. She will visit hospitals in New York and other eastern cities before returning. Grace Phelps, of the Eye, Ear, Nose and Throat Hospital, has been appointed chairman of the Welfare Department of the State Federation of Women's Clubs.

**Pennsylvania:** THE PENNSYLVANIA STATE BOARD OF NURSE EXAMINERS has elected the following officers: President, S. Lillian Clayton; vice-president, Margaret Dunlop; secretary-treasurer, Roberta M. West. The other members are Harriet Froot, Edith E. Yingst, and Dr. George Becht, Superintendent of Public Instruction, *ex officio*. Re-registration in the State is governed by the following extract from the Act of Assembly:

"On or before the first day of November of each year after the year one thousand nine hundred and twenty-three the Secretary of the Board shall mail to each registered nurse and licensed attendant in the State of Pennsylvania a blank application for re-registration addressing the same in accordance with the post office address given at the last previous registration. Upon the receipt of such application blank which shall contain space for the insertion of his or her name, office or post office address, date and number of his or her license and such other information as the Board may deem necessary, he or she shall sign same with his or her name in his or her own handwriting and fill out the address and other blanks in his or her own handwriting, after which he or she shall forward such statement and application for renewal of his or her registration cer-

tificate to the Secretary of the Board together with the fee of one dollar (\$1.00) for registered nurse and fifty cents (\$.50) for licensed attendants. Upon receipt of such application and fee and having verified the accuracy of the same by comparison with the applicant's initial registration statement, the Secretary of the Board shall issue a certificate of registration which shall render the holder thereof a legally qualified registered nurse or licensed attendant, as the case may be for the ensuing year. Said application and fee must reach the Secretary on or before the first day of December following the adoption of this statute." **Roberta M. West, R.N., Secretary, 34 South 17th Street, Philadelphia.** **Allentown.**—THE ALLENTOWN HOSPITAL NURSES' ALUMNAE ASSOCIATION held its first fall meeting, September 8, at the Nurses' College. Ida Kern is chairman of a committee to plan programs for the meetings to be held during the coming year. **Erie.**—ST. VINCENT'S HOSPITAL held graduating exercises on October 15 for a class of 11. **Oil City.**—Clara B. Peck has resigned her position as superintendent of the Oil City Hospital to take a trip through the west. **Philadelphia.**—THE NURSES' ALUMNAE ASSOCIATION OF THE SAMARITAN HOSPITAL held its annual meeting September 25, in the Nurses' Home. The meeting was largely attended. Election of officers: President, Mrs. Kathryn Lewis Wilson; vice-president, Edna Moore; secretary, Jessie M. Rowe; assistant secretary, Catherine Bothof; treasurer, Martha Wannamacher. The Endowment Committee announced that on September 18 the final agreement for the Alumnae Room was signed; the room is now permanently endowed except for a small sum for which the Association gave its note. Payment on this note is due December 18. A play will be given by the Wakefield Players on November 9 for the benefit of the fund. The Bazaar will be held December 6-7-8, in the Nurses' Home. With these two affairs, it is hoped to fully pay off the indebtedness and start a maintenance fund. Four delegates to the State Convention were chosen. A special meeting was called for October 2, when committees were appointed for the Play and for the Bazaar. Several of the former active members were present and have decided to return and take an active part

In Association activities. THE ALUMNAE ASSOCIATION OF THE JEWISH HOSPITAL celebrated its twentieth anniversary in May. A gift of \$25 in gold was presented to Mrs. Walter Pullinger, who has served continuously, first as secretary-treasurer, and later as treasurer. Officers for the year are: President, Mary Randel; vice-presidents, Carolyn B. Schwermer, Mrs. Laura D. Thomas; secretary, Mrs. E. Wharton Rath; treasurer, Mrs. Irene K. W. Pullinger. The annual meeting of the ALUMNAE ASSOCIATION OF HOSPITALS OF THE UNIVERSITY OF PENNSYLVANIA was held June 4 at the Emergency Aid Building. Officers elected for the following year are: President, Elizabeth Keller; vice-presidents, Grace Heatly, Lucratic Gann; secretary, Mrs. Sylvester Bonnaffon; treasurer, Emma K. LeVan. Directors, Anna L. Hawkins, Elsie Smith, Mary Grey Newlin, Louise Warner, Anna Goff, Mrs. Joseph Birdsell. The outstanding events of the year were, the First Reunion of the Graduates of the Training School; the establishment of the beneficial fund for sick nurses; the realization of the rest cottage for nurses; the purchase of a club house at 4015 Baltimore Avenue, for the use of all graduates of the Training School, the yearly dues to be five dollars; Nurses' Quarterly Publication, 50 cents per year. The membership of the Alumnae Association stands at 315, an increase of over 100 members since last year. THE ALUMNAE ASSOCIATION OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA are indeed gratified to know that their school is accredited by the Regents of the University of the State of New York, making them eligible for admission to examination for state registration in New York. Pittsburgh.—THE SIXTH DISTRICT ASSOCIATION held its regular meeting, September 20, at the Congress of Women's Clubs, Pittsburgh, and the Auditorium was entirely filled. Dr. Wedd of Pittsburgh gave an interesting illustrated lecture on Heart Diseases and the Electro-cardiograph. Nell Quinn presided during the business session. Delegates to the State convention were elected. Jennie Turnbull read the program for the Convention and Instructors' Institute. York.—THE YORK HOSPITAL ALUMNAE ASSOCIATION entertained District 4 at its regular meeting at a dinner at the Colonial Hotel. Lois Ford, who spent two years as a mission-

ary nurse in Liberia, Africa, gave a very interesting talk on her experiences there. Forty-four nurses attended the meeting. Wilkes Barre.—MERCY HOSPITAL ALUMNAE met at the Nurses' Home on October 1 and decided to send the President as a delegate to the State meeting. A luncheon followed the meeting.

South Dakota: Chamberlain.—Graduation exercises were held at the CHAMBERLAIN SANITARIUM AND HOSPITAL on the evening of September 30. The large gymnasium was well filled with friends and guests from the city and vicinity. THE ALUMNAE ASSOCIATION OF THE CHAMBERLAIN SANITARIUM AND HOSPITAL gave a reception October 1 in honor of the graduating class, in the gymnasium at the Sanitarium, which had been decorated by members of the Junior and Senior classes and the Alumnae. After the guests were made welcome a very pleasing program was given. All expressed themselves as having spent a very enjoyable evening.

Virginia: Richmond.—Rose Z. Van Vort is resigning the position she has held for ten years, Superintendent of Stuart Circle Hospital, and Principal of the School of Nurses. On January 1 she will go to St. Elizabeth's Hospital to organize a school for nurses; following the completion of this work, she will do organization work in other hospitals.

Washington: Seattle.—A correction—The item on page 1068 of the September Journal regarding the arrangements made with the University of Washington by the Seattle General Hospital, should read, Arrangements have been made with the University of Washington whereby the Freshmen from the Seattle General, the Minor, and Swedish Hospitals, may take special subjects there during their preliminary course, fifteen hours a week.

West Virginia: THE WEST VIRGINIA STATE NURSES' ASSOCIATION held its seventeenth annual meeting at the Hotel Farr, Huntington, September 27-29. The sessions opened with prayer by Rev. W. M. Shaffer; address of welcome, Hon. Floyd S. Chapman, Mayor of Huntington; response by Mrs. H. C. Lounsbury; president's address; reports by officers, the State Board of Examiners, and the secretaries of sections. A number of interesting round tables were held by the sections. On September 28 at 5 p. m., a tea was served at

the Chesapeake and Ohio Hospital. At 8 p. m., the members were honored by a banquet given by the Cabell County Medical Society. Distinguished visitors present were: Frances M. Ott of Elkhart, Ind.; Marie T. Phelan, Washington, D. C., and Theresa Kraker of New York. Officers elected are: President, Mrs. Susan Cook, Wheeling; vice-presidents, Anna M. Trimble, Ella B. Lindsey; secretary-treasurer, Mrs. R. J. Bullard. Charleston was chosen as the place of the next meeting.

**Wisconsin:** THE WISCONSIN STATE NURSES' ASSOCIATION held its fourteenth annual meeting in LaCrosse, September 23-25, jointly with the Wisconsin League of Nursing Education; registration 165. The State responded with 100 per cent representation in reports from officers, Districts, Chairmen of Committees, and Sections. These reports were very interesting and showed a considerable amount of work accomplished throughout the year. One-half day was given to Public Health Nursing, one day to the State League of Nursing Education, and one-half day to Private Duty. The following papers were presented: The Patient,—the Responsibility of the Hospital and the Responsibility of the Training School to Him, Elizabeth H. Meyers, Superintendent of Nurses, St. Luke's Hospital, St. Paul, Minnesota; Modern Health Crusade, Dorothy Hood, State Director, Modern Health Crusade, Wisconsin Anti-Tuberculosis Association, Milwaukee; Some Phases of Tubercular Work, Anna Thompson, Field Worker, Wisconsin Anti-Tuberculosis Association, Milwaukee; Public Health Nursing, and the Benefits of a State Branch Organization of the National Organization for Public Health Nursing, Frances Brink, Field Secretary, National Organization for Public Health Nursing; Supervised Recreation for Student Nurses, Rose Neuman, Instructor, Mount Sinai Hospital, Milwaukee; Nursing Procedures, Miss Odgaard, Instructor, Madison General Hospital, Madison; Lesson Plans and Their Preparation, Faith Collins, Superintendent Kenosha Hospital and School of Nursing; The Registrar's Viewpoint of the Private Duty Nurse, Helen W. Kelly, Registrar of the Wisconsin Nurses' Club and Directory, Milwaukee; The Private Duty Nurse and Her Duty to the Registry, Elvira Neubauer, Milwaukee. The nurses of

the Seventh District were well prepared for the business, and the guests will ever remember the beautiful auto ride to St. Joseph's Convent, along the Ridge, and the delightful dinner dance. The following officers were elected: President, Agnes Reid, Bradley Memorial Hospital, Madison; vice-presidents, Shirley Titus, Columbia Hospital, Milwaukee, Clara Lewis, Eau Claire; secretary, Erna Kowalka, 85 Onelda Street, Milwaukee; treasurer, Margaret Pakenham, 808 Jackson Street, Milwaukee. The 1924 Convention will be held in Milwaukee, date to be decided by Board of Directors. **Racine:**—THE FIFTH DISTRICT held a meeting at St. Mary's Hospital, September 4. A delegate was elected to the State Convention. Plans are under way to form a class for the study of Parliamentary Law. **Milwaukee:**—The regular monthly meeting of the FOURTH AND FIFTH DISTRICT: was held at the Wisconsin Nurses' Club, September 4. Delegates were elected to the State Convention. After the regular business meeting, a social time was enjoyed. The entertainment was in charge of the Hanover Hospital Alumnae. THE WISCONSIN NURSES' CLUB held its regular monthly meeting September 4. The members were entertained by classical dances. Alice Schaffer (class of 1906, Columbia Hospital) who has been connected with the Milwaukee Health Department, has gone to California for an indefinite stay. Mrs. Pearl Van Kirkhove has resigned from the Health Department and has accepted a position with the Milwaukee Continuation School. The Milwaukee County Hospital Training School Alumnae held its regular meeting September 21. Jessie McDonald, a former graduate, addressed the meeting. The following positions have been accepted by members of the school: Catherine Zahorik, class of 1920, assistant surgical nurse at the hospital; Alice Nolan, class of 1917, for six years night supervisor at the hospital, assistant superintendent; Ethel Fieldler, class of 1920, for the last two years superintendent of a hospital in St. Louis, Superintendent of the Jewish Maternity Hospital, Pittsburgh. ST. JOSEPH'S ALUMNAE held its regular meeting in the lecture room, September 20. Twenty-five dollars were voted to the Nurses' Relief Fund. MT. SINAI HOSPITAL Alumnae notes: Clara Gilgert, class of 1923,

was the successful candidate for the \$100 scholarship presented by the Alumnae, and is now taking a postgraduate course in pediatrics at Bellevue Hospital, New York. A similar scholarship has been offered to the best student of the 1924 class. The Alumnae entertained for four members whose marriages will take place in the near future. Wausau.

—THE EIGHTH DISTRICT ASSOCIATION held its regular meeting, September 4, at Mount View Sanitarium, twenty-two members being present. Drs. E. M. Macaulay and Vern Eastman and Mary Hughes addressed the meeting, concerning tuberculosis. Delegates were appointed to the State meeting. Refreshments were served and a very pleasant time was enjoyed. Fond Du Lac.—The Fond Du Lac nurses have formed a club for social intercourse and welfare work. The last meeting was in the form of a picnic at the Longdin cottage at Lakewood Beach, at which eighteen Probationers and Junior nurses of St. Agnes Hospital were guests. The afternoon was devoted to games and walks. A campfire was enjoyed in the evening, with songs, stories and a marshmallow roast. During the year the club visited the local children's home and part of the Christmas work is to provide toys for the youngsters. The county home for women and the homes for the aged are also remembered and special attention is given to seasonal gifts for the inmates.

**Wyoming:** THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold examinations December 3, 4, and 5, 1923. Applications are to be filed with the Secretary prior to those dates. Mrs. H. C. Olsen, Secretary, 3122 Warren Avenue, Cheyenne.

#### BIRTHS

Birth, Marriage, and Death notices should be very plainly written, and dates should be given. Death notices of any date are published. Birth and Marriage notices are not published if more than four months past.

To Mrs. Clifford Sippell (Margaret Becker, class of 1919, St. Luke's Hospital, New York), a daughter, July 26.

To Mrs. Richard Lyman (Pauli Bincoff, class of 1922, Johns Hopkins Hospital, Baltimore, Md.), a daughter, July 3.

To Mrs. Marjorie Drake Boyd (Mercy Hospital, Des Moines, Iowa), a son, August 15.

To Mrs. John Hamstead (Elizabeth Buch-

nell (class of 1918, Albany Hospital, Albany, N. Y.), a daughter, September 4.

To Mrs. John Cooley (Janet Dennis, class of 1921, Rochester General Hospital, Rochester, N. Y.), a son, August 29.

To Mrs. Clayton Entwistle (Esther Fellows, Memorial Hospital, Roxborough, Philadelphia, Pa.), a son, Clayton Ross, Jr., August 5.

To Mrs. Frank Hankstrefe (Marian Gagan, Mercy Hospital, Chicago), a son, September 6.

To Mrs. Wm. J. Van Den Berg (Amelia Griffiths, class of 1916, Methodist Hospital, Des Moines, Iowa), a son, September 10.

To Mrs. Harry Lyons (Alice Hane, class of 1919, Bethesda Hospital, St. Paul, Minn.), a daughter, September 22.

To Mrs. Archibald Alexander (Frederica M. Hanks, class of 1911, Metropolitan Hospital, Welfare Island, N. Y.), a son, September 15.

To Mrs. Winifred McCann Hayden (Creston, Iowa), a daughter, Margaret Loraine, August 18.

To Mrs. Harold L. Burmeister (Ethel Hoffman, class of 1922, Ashland State Hospital, Ashland, Pa.), a son, Harold Louis, Jr., October 1.

To Mrs. Lucille Mardahl Johnson (class of 1921, Lutheran Hospital, Des Moines, Iowa), a son, September 2.

To Mrs. E. B. Kingman (Clara A. Link, class of 1918, St. Vincent's Hospital, Billings, Mont.), a daughter, Katherine Marie, August 20.

To Mrs. Edward Norman (Mildred MacBurney, class of 1919, Albany Hospital, Albany, N. Y.), a son, August 15.

To Mrs. George M. Walton (Dorothy MacKeon, class of 1915, St. Luke's Hospital, New York), a daughter, in August.

To Mrs. William J. Loftus (Irene McGinty, class of 1916, Mercy Hospital, Wilkes-Barre, Pa.), a daughter, Rita Mercedes, September 21.

To Mrs. Alexander McRae (Lydia McLaughlin, class of 1918, St. Luke's Hospital, New York), a daughter, Helen Isabel, August 3.

To Mrs. V. B. Laurence (Florence McRay, class of 1916, Methodist Hospital, Des Moines,



Iowa), a son, Charles Robert, September 17.

To Mrs. Warren Grim (Helen Manning, class of 1908, New York Medical College and Hospital for Women, New York), a son, August 13.

To Mrs. Euan Van Kleeck (George Mavety, class of 1912, St. Luke's Hospital, New York), a daughter, Marguerite, July 13.

To Mrs. Paul Graef (Marie Morrow, class of 1920, Youngstown Hospital), a son, September 6.

To Mrs. Walter Lundberg (Edith Olson, class of 1916, Bethesda Hospital, St. Paul, Minn.), a daughter, September 25.

To Mrs. Caleb H. Weston (Marie Oulllette, class of 1914, Waterville Hospital, Sisters of Charity, Waterville, Me.), a daughter, Jane Marie, July 21.

To Mrs. E. J. Sterner (Ethel Perkins, class of 1913, St. Luke's Hospital, Bethlehem, Pa.), a son, September 12.

To Mrs. Ellis B. Patton (Eva Pilling, class of 1915, Butler Hospital, Providence, R. I.), a daughter, Beatrice Louise, August 24.

To Mrs. George Detmold (Mabel Porter, class of 1912, St. Luke's Hospital, New York), a son, in September.

To Mrs. Joseph Beger (Fannie Reynolds, class of 1918, York Hospital, York, Pa.), a son, Donald Reynolds, August 18.

To Mrs. H. Crounce (Mae Ryder, class of 1920, Albany Hospital, Albany, N. Y.), a son, September 5.

To Mrs. Robert Neal (Anna D. Schuyler, class of 1918, Rochester General Hospital, Rochester, N. Y.), a son, in July.

To Mrs. E. Langley (Ellen Standard, class of 1921, Sta. Mary and Elizabeth Hospital, Louisville, Ky.), a son, in August.

To Mrs. Garretson (Betty Stendel, class of 1919, Youngstown Hospital), a daughter, in August.

To Mrs. Harry Baird (Margaret Stoffel, class of 1916, Youngstown Hospital), a son and a daughter, September 7.

To Mrs. Clayton Royce (Augusta Stelte, class of 1919, St. Luke's Hospital, Bethlehem, Pa.), a son, September 2.

To Mrs. Fred Melvin (Eva Strode, class of 1921, Deaconess Hospital, Great Falls, Mont.), a son, July 26.

To Mrs. Crighton Crane (Hildur S.

Swanson, class of 1919, Metropolitan Hospital, Welfare Island, N. Y.), a daughter, Nancy Warburton, July 23.

To Mrs. George Kurtz (Laura Van Buren, class of 1909, John C. Procter Hospital, Peoria, Ill.), a daughter, in September.

To Mrs. W. F. Wilks (Christine Van Lier, Augustana Hospital), a son, William Frederick, Jr., September 6.

To Mrs. Royal A. Young (Rene E. White, class of 1914, Minnequa Hospital, Pueblo, Colo.), a son, Royal Amen, September 5. Little Royal passed away on September 21.

To Mrs. C. B. Rush (Bernadine Wirtz, class of 1916, St. Luke's Hospital, Davenport, Iowa), a son, John Arthur, in July.

To Mrs. Chalmers Blair Miller (Gladys Zerbo, class of 1912, J. C. Blair Memorial Hospital, Huntington, Pa.), a son, Chalmers Blair, October 6.

#### MARRIAGES

Lillian H. Anthof (class of 1921, Lankenau Hospital, Philadelphia), to Arvid H. Anderson, September 15. At home, Erie, Pa.

Jessie I. Anderson (class of 1921, Red Wing Hospital, Red Wing, Minn.), to George R. Kolberg, September 1. At home, Red Wing, Minn.

Claudine Armstrong (class of 1920, St. Luke's Hospital, New York), to Herbert Lord, September 8.

Vera Mae Ellis (class of 1920, Sta. Mary and Elizabeth Hospital, Louisville, Ky.), to Wallace Standard, M.D., September 21. At home, Louisville.

Eva Brue (class of 1919, St. Joachim Hospital, Watertown, N. Y.), to William Perkins, August 30. At home, Watertown, N. Y.

Harriet D. E. Brown (class of 1923, Home of the Good Samaritan, Watertown, N. Y.), to Frank Hodgins, September 8. At home, Pierrepont Manor, N. Y.

Ruth E. Brown (class of 1915, Allentown Hospital, Allentown, Pa.), to George F. McCauley, September 1.

Mathilda Teresa Brummel (Mercy Hospital, Chicago), to Richard Francis Wood, September 15. At home, Los Angeles, Calif.

Jennie Bryant (class of 1919, Springfield Hospital, Springfield, Mo.), to Robert Jones, September 20. At home, Trinidad, Col.



Martha Bucher (class of 1920, St. Luke's Hospital, New York), to Raymond Lease, M.D., September 22.

Ella Mercedes Canavan (Mercy Hospital, Chicago), to William J. Neeson, September 25. At home, Minneapolis, Minn.

Isabel Burr Case (class of 1921, Children's Memorial Hospital, Chicago, Ill.), to Charles Jerome Tippet, September 26. At home, Chicago.

Gertrude Casper (class of 1921, Sts. Mary and Elizabeth Hospital, Louisville, Ky.), to George Salm, October 3. At home, Okeana, Okla.

Jeannie H. Chesney (class of 1923, Rochester General Hospital, Rochester, N. Y.), to Vera B. Walker, July 12. At home, Rochester.

Margaret G. Coyne (class of 1916, Elizabeth General Hospital, Elizabeth, N. J.), to Vincent Jans, September 6. At home, Elizabeth, N. J.

Mildred Dean (Mercy Hospital, Des Moines, Iowa), to Mr. Cunningham, in August. At home, Des Moines.

Elizabeth M. Dewey (class of 1923, St. Francis Hospital, Hartford, Conn.), to Arthur F. Wahl, September 5. At home, Detroit, Mich.

Mayme C. Flannagan (class of 1913, St. Francis Hospital, Hartford, Conn.), to Joseph Abucci. At home, Waterbury, Conn.

Sara D. Glasgow (class of 1911, Passaic General Hospital, Passaic, N. J.), to Harry A. Pfeiffer, September 15. At home, Newark, N. J.

Kathryn Graboy (class of 1920, St. Luke's Hospital, Bethlehem, Pa.), to Stanley Achenbach, August 31. At home, Pine Grove, Pa.

Elna Hawkins (class of 1923, Youngstown Hospital, Youngstown, Ohio), to Thomas Draper, in July. At home, Youngstown.

Marie Lillian Hladky (class of 1921, St. Elizabeth Hospital, Lincoln, Neb.), to Clarence A. Mack, October 2. At home, Wymore, Neb.

Arvilla Hutton (Mercy Hospital, Chicago), to Harry Harmon, September 3. At home, Chicago.

Emile Ingram (class of 1921, Springfield Hospital, Springfield, Mo.), to Leonard G. Hood, August 16.

Anna Johnson (class of 1921, Deaconess Hospital, Great Falls, Mont.), to Walter Knobb, August 19. At home, Sidney, Mont.

Blanche Kelly (class of 1919, St. Joachim Hospital, Watertown, N. Y.), to John Smith, Jr., September 25. At home, Watertown, N. Y.

Mary E. Kennedy (class of 1912, Metropolitan Hospital, Welfare Island, N. Y.), to John Stanley, September 16. At home, Rye, N. Y.

Mary E. Kinsane (class of 1917, St. Francis Hospital, Hartford, Conn.), to Edward P. Reilly, September 5. At home, Union City, Conn.

Beattie H. Klock (class of 1919, House of the Good Samaritan, Watertown, N. Y.), to Canice J. Denny, October 3. At home, Watertown, N. Y.

Ida M. Langenbach (class of 1905, Allentown Hospital, Allentown, Pa.), to Thomas Graver, in August.

Terese Lauber (class of 1921, St. Joachim Hospital, Watertown, N. Y.), to William Weeks, September 1. At home, Watertown, N. Y.

Margaret Gertrude Laws (class of 1913, University Hospital, Baltimore, Md.), to Richard Temple Walker, September 4. At home, Gastonia, N. C.

Sophia Lightner (class of 1922, Rochester General Hospital, Rochester, N. Y.), to Edward Donovan, August 16. At home, Buffalo.

Florence Lusk (class of 1920, Youngstown Hospital, Youngstown, Ohio), to William Shipp, M.D., September 18. At home, Youngstown.

Catherine McCord (class of 1921, Milwaukee County Hospital, Wauwatosa, to Harry Sargent, M.D., Superintendent of Milwaukee County Hospital.

Bessie Miller (class of 1922, General Hospital, Grand Island, Neb.), to Robert Lamm, September 12. At home, El Paso, Texas.

Wynn L. Miller (class of 1922, Children's Memorial Hospital, Chicago, Ill.), to E. J. Ryan, in August. At home, Chicago.

Elsie Moore (class of 1919, St. John's Hospital, Yonkers, N. Y.), to Delwyn Gerard Run, October 5.

Emilee Morgan (class of 1921, Kenosha Hospital, Kenosha, Wis.), to Frank Fehrer, August 4. At home, Kenosha.

Mary Mulvaney (class of 1916, J. C. Proctor Hospital, Peoria, Ill.), to Harry F. Bryant, September 26.

Mabel Neilson (class of 1922, Bethesda Hospital, St. Paul, Minn.), to John Ranger, September 4. At home, Cedar Rapids, Iowa.

Olive Nelson (class of 1922, General Hospital, Grand Island, Neb.), to Harold A. Bryant, September 15. At home, Ontario, Calif.

Beatrice Olson (class of 1915, Connecticut Training School, New Haven, Conn.), to Fred W. Channon, September 27.

Nola Magdalene Penke (class of 1918, St. Vincent's Hospital, Toledo, O.), to Hampton Pharr Cushman, M.D., August 23. At home, Detroit, Mich.

Nell Perry (class of 1910, John C. Proctor Hospital, Peoria, Ill.), to J. O. Ames, September 30. At home, Terre Haute, Ind.

Mildred Remdahl (class of 1921, Lutheran Hospital, Des Moines, Iowa), to D. Roy Schwendeman, M.D., August 21. At home, Nevada, Iowa.

Helen Roth (class of 1910, St. Luke's Hospital, Bethlehem, Pa.), to Earl Fredericks, October 6. At home, Fullerton, Pa.

Julie Russell (Army School of Nursing), to Samuel S. Holmes, September 20.

Frances Margaret Schneider (class of 1923, St. Elizabeth Hospital, Lincoln, Neb.), to Thomas Bernmaster, July 24. At home, Aurora, Neb.

Lillian Sill (class of 1921, J. C. Proctor Hospital, Peoria, Ill.), to Jesse Mace, in August. At home, Pekin, Ill.

Alma Smith (class of 1918, Christ's Hospital, Topeka, Kansas), to William Hess, August 20. At home, Topeka.

Elsie May Smith (class of 1908, Milwaukee County Hospital, Wauwatosa, Wis.), to Herbert Edward Smith, September 11.

Eva Smith (class of 1922, Davis Hospital, Pine Bluff, Ark.), to Robert J. Staggman, September 8. At home, Pine Bluff.

Rachel Smith (class of 1920, Kenosha Hospital, Kenosha, Wis.), to Lancelot Bufton, August 8. At home, Salem, Wis.

Olive Steers (class of 1921, Greater Community Hospital, Creston, Iowa), to Merrill Gripp, October 1.

Rachel Taylor (class of 1917, Youngstown Hospital, Youngstown, Ohio), to Karl

Pasech, September 17. At home, Youngstown.

Gail E. Tracht (De Kalb Public Hospital), to Edgar L. Knodia, August 14. At home, De Kalb, Ill.

Agnes Van Buren (class of 1923, St. Joachim Hospital, Watertown, N. Y.), to Albert LaPlant, October 6. At home, Watertown, N. Y.

Clara Wagner (class of 1917, John C. Proctor Hospital, Peoria, Ill.), to Ray Coppage, in August. At home, Peoria.

Bernice Watkins (class of 1921, Mary Lanning Hospital, Hastings, Neb.), to Fred Taggart, August 28. At home, Hastings.

Ethel R. Weegar (class of 1920, Rochester General Hospital, Rochester, N. Y.), to L. Elmer Gardner, August 11. At home, Rochester.

Angeline C. Willoughby (class of 1922, House of the Good Samaritan, Watertown, N. Y.), to Richard Hodge, September 11. At home, Watertown, N. Y.

Ariel Winslow (class of 1920, Hospital of Good Shepherd, Syracuse, N. Y.), to Robert McGuire, M.D., September 1.

Emelene N. Yoho (class of 1917, Cleveland City Hospital, Cleveland, O.), to James McKay, September 26. At home, Detroit, Mich.

#### DEATHS

Mrs. Hollis Cheney Clark (Mary Barkley), on October 1, at the Walter Reed Hospital, Washington, D. C. Burial was at Arlington National Cemetery. Mrs. Clark was a member of the Spanish-American War Nurses' Association and an active enthusiastic worker.

Mrs. Charles R. Fox (Helen Behringer, class of 1919, Allentown Hospital, Allentown, Pa.), at Northampton, Pa., September 5, after an illness lasting several months. Mrs. Fox was an excellent nurse, loved by all who came in contact with her. She is mourned by her family and many friends.

Mrs. Karl Thelle (Mary Conley, graduate of Providence Hospital, Seattle), on July 17, at St. Ann's Hospital, Juneau, Alaska, of post partum hemorrhage, leaving an infant son. Miss Conley had been a brave and indefatigable nurse in government service in Alaska, going by dog team or open boat to her patients

among the Indians. She was so well known and loved that she was called the Florence Nightingale of the North. She was an untiring worker, tender, and a friend to all. She will be greatly missed. Flags on public buildings were at half mast, and all business in Juneau was suspended at the time of her funeral. She was buried in the uniform of a Red Cross nurse.

Mrs. Franklin G. Percival (Ruth Jane Emerton, class of 1916, Pasadena Hospital, Pasadena, Cal.), in Colorado Springs, on September 6. During the World War she served in the Navy Nurse Corps and was stationed at Annapolis, Philadelphia, and Leith, Scotland. Influenza and overwork during the last days of the war brought on an illness from which she never recovered. The last four years of her life were full of great suffering borne with courage and sweetness. Her memory will remain an inspiration to many who knew her.

Anna Emma (a student nurse at the Rochester General Hospital) at the Hospital, July 28, as the result of injuries received in an automobile accident.

Martha Johnson (class of 1911, Milwaukee County Hospital, Wauwatosa, Wis.), at her home, Pine Rivers, Wisconsin.

Gertrude Lofthouse (class of 1921, Farrand Training School, Detroit, Mich.), on July 23, at the University of Michigan Hospital, Ann Arbor, of brain abscess. Since graduation, Miss Lofthouse had done private nursing in Detroit. She was much beloved by those she cared for and devoted to her profession. She gave the full measure of service with a fine spirit. She chose to nurse patients in their homes where she was always a friend as well as a nurse. There are many homes where her presence will be missed. Burial was in London, Ontario.

Helen Jane Lowe, on September 16, at the Baptist Memorial Hospital, Memphis, Tenn., following an operation. Miss Lowe had been a nurse for the city board of health for the past two years. Burial was at Columbus, Ohio.

Frances E. McClellan (student nurse, Rochester, N. Y.), at the hospital, April 26.

Belle Walsh Murphy (class of 1903, Mercy Hospital, Wilkes-Barre, Pa.), in Los Angeles, California. Burial was at Los Angeles.

Mrs. Emma Buckwalter Noel (graduate of the Hospital of the University of Pennsylvania, Philadelphia), recently, in Pittsburgh.

Jenny B. Ryen (class of 1921, Bethesda Hospital, St. Paul, Minn.), at St. Luke's Hospital, Fergus Falls, Minn., on August 14, after an illness of one week. Miss Ryen's health had been failing for sometime, due to a nephritic condition, complicated with heart trouble, following acute gastritis. She was assistant superintendent at St. Luke's Hospital when taken ill.

Katharine M. Schwartz (class of 1920, St. Luke's Hospital, New York), at Poughkeepsie, July 16.

Allice A. Stitt (class of 1919, Springfield Hospital, Springfield, Mass.), on July 27, at her home, North Weymouth, Mass., of pulmonary tuberculosis, after an illness of over three years. Miss Stitt was a faithful nurse, loyal to her profession and true to her friends.

Miss Young (class of 1912, Farrand Training School, Detroit, Mich.), August 31. While serving during the World War with Harper Base Hospital 17, Dijon, France, Miss Young contracted pneumonia and her health since then has been such that she returned from France on a hospital ship and was sent to Camp Sheridan Hospital. Later she was transferred to Ford Hospital so that she might be near relatives and friends. She recovered sufficiently to take a course in Dental Laboratory Technik and was engaged in that work prior to her death. Services were held at her home by the well-beloved Chaplain of Base Hospital 17, the Rev. Mr. MacWallace. Miss Young was buried with full military honors. Leading the procession was Commander Clem Woodbury, First Division Post, Veterans of the Foreign Wars. Accompanying him were several nurses who served with her in France. Next in the procession came the Marines from the local recruiting and reserve station. Many of those in the line of march had been nursed by Miss Young at Base Hospital 17, six years ago, and still bear the scars of the battle. Miss Young was one of those whose spirit flowed out to the injured and dying with loving care. She gave of herself freely in her companionship for others. In turn she was much beloved by all. A bugler from the Marine Corps sounded taps.

## BOOK REVIEWS

**ANATOMY AND PHYSIOLOGY FOR SCHOOLS OF NURSING, NORMAL SCHOOLS, AND COLLEGES.** By Jessie Feiring Williams, M.D. 523 pages. 369 illustrations, 25 of them in colors. W. B. Saunders Company, Philadelphia. Price, \$3 net.

"To help the teacher help the student" is the expressed keynote of this new text-book and it would seem that this aim is very well realized.

The book comprises 500 pages of material, clearly and simply stated, with 369 illustrations, 25 of which are colored, all well chosen and many of them new. At the end of each of the 19 chapters there are teaching helps, including laboratory exercises, pointed questions, and references for further study. Foot notes are frequently used to give added emphasis or to mention supply houses for slides, charts, and other aids.

The first three chapters present the biology of the cell, embryo and tissues, with a number of references to allied subjects, as effects of heredity upon the cell development or disease upon coagulation time of blood. Through the next four chapters the skeletal and muscular systems are considered, with emphasis laid upon the differences found in the child and in old age to an extent seldom found in textbooks of this character, yet of especial value to the nurse. Numbers of forceful diagrams materially aid a clear comprehension of these often difficult systems by giving their relationship to surface markings.

Next in order are three chapters upon the nervous system, beginning with its evolution and development from lower animal forms, to prepare the student for

better understanding of the human organism. The practical exercises suggested for these chapters include some that emphasize the functions of the autonomic system and of powers of coordination and equilibrium; while there are both psychologic and educational references for further study.

While the arrangement of the text, placing the study of the nervous system so early, would seem difficult, it does prepare the student for better understanding of the visceral systems. Preceding these the circulatory system is presented, beginning with its embryonic development and general arrangement and followed by study of the blood and lymph systems. The practical exercises accompanying this study are not difficult to arrange and would prove especially absorbing.

The other biologic systems follow, with the closing two chapters briefly discussing the endocrine and special sense organs at sufficient length to afford the necessary foundation for later study of pathological conditions.

Throughout the book, there is close enough alignment of the normal structure and functions with the abnormal to unite scientific facts with practical application and to compel interest of the student without the confusion that might arise from too free use of such material. The author has already proven the worth of his contributions to nursing literature in his recent volume upon personal hygiene and this later work is certain to meet with prompt and increasing demand.

HELEN FARNSWORTH, R.N.,  
Kansas City, Mo.



**WHAT TO EAT IN HEALTH AND DISEASE.**

By Benjamin Harrow, Ph.D. E. P. Dutton & Co., New York. 203 pages. Price, \$2.

Relating to a subject of such special interest at the present time this book conveys important and valuable information in a clear, non-technical and wholly readable manner which will be greatly appreciated by those whom it may reach.

While containing much that is interesting and instructive to the general reader it will prove particularly helpful to the busy nurse and might be used to good advantage as a reference book for nutrition classes. Its special value is, perhaps, that it presents a simple, direct and scientific account of our present knowledge in regard to foods and nutrition, based on the leading facts which have already been established and the most important theories which have been advanced during recent years.

The arrangement of the chapters divides the subject in a convenient manner and the index makes readily available any information to be found in the text. Included in the table of contents we find such topics as: What to Eat, The Planning of Meals, Infant Feeding, Overweight and Underweight, Disease Due to Faulty Diet, Diet in Some Common Diseases, etc.

The last chapter which is devoted to the Digestive Tube will be of especial assistance to those desiring information on the subject or who wish to refresh their minds in regard to it, as they will here find outlined in the clearest possible manner the structure and functions of the various organs forming the tract, and description of the processes by which the food ingested is changed, ab-

sorbed and assimilated for body repair and building.

This is a book for frequent use and will be gladly welcomed by those who, in the midst of many technical and weighty volumes on this important subject, have looked for just such a guide which in simple, concise terms not only tells them what to eat, but why.

MARIA L. DANIELS,  
*New York.*

**NUTRITION OF MOTHER AND CHILD.**

By C. Ulysses Moore. Including Menus and Recipes by Myrtle Josephine Ferguson, B. S. J. B. Lippincott Company, Philadelphia. Price, \$2.

If a doctor, a dietitian and a nurse all say "It is good" it probably is good and if it is a book, it is worth reading. Nutrition of Mother and Child, by C. Ulysses Moore has passed that test and is without doubt a book from which much help can be gained by the mother who wants to know and by the nurse who wants points to help her teach convincingly.

By saying, "It is good," one does not mean that there may not be disagreement on the part of doctor, dietitian or nurse with some of the content of the book. The doctor may not entirely agree with all the advice in regard to diet in pregnancy, or the emphasis on diet in connection with Rickets, almost to the exclusion of other factors; the dietitian may not agree with all that is said about vitamins; the nurse may not agree with the balance of subject matter, and yet all say that the sum total is excellent, clear cut information given in such a way that those who read may get practical help, and the book which



gives that, is worth writing and deserves to be read.

Enthusiasm and faith in the possibility of breast milk for practically every baby are qualities which need every bit of publicity that they can get. The lesson needs to be taught over and over again, but the zealous advocate of breast feeding may perhaps err in underestimating the need for consideration of artificial feeding as an individual problem which calls for medical skill and individual attention. It is not a subject which can be covered in one chapter in a book unless the whole chapter is devoted to urging the mother to seek the advice of a physician if her baby must be artificially fed. As the author says, "The majority of infants who are subjected to bottle feeding are the ones least able to thrive upon it. They are often the ones who for some reason have failed to make satisfactory gain on mother's milk and who already have acquired a lowered food tolerance because of digestive disturbances." True, too true! How vastly important then, if artificial feeding is the alternative, that the mother should seek skilled advice in this situation and not attempt to feed her baby after reading one short chapter with general rules on infant feeding.

Books are too apt to be taken as gospel truth and the dangers and pitfalls of bottle feeding do not receive the emphasis they should in this book. Without doubt the mother who reads the book intelligently would nurse her baby if she possibly could, but she might easily attempt the bottle feeding, if it became necessary, by consulting page 152 of Dr. Moore's book, instead of having a physician prescribe for her own

special baby who may be having a very special digestive disturbance.

WINIFRED RAND, R.N.,  
*Boston, Mass.*

THE INFANT AND YOUNG CHILD. A Manual for Mothers. By John Lovett Morse, M.D., Edwin T. Wyman, M.D., and Louis Webb Hill, M.D. 271 pages. Illustrated. W. B. Saunders Company, Philadelphia. Price, \$1.75, net.

The Infant and Young Child by Morse, Wyman and Hill is a most complete "Manual for Mothers," as the authors call it. It covers in detail the development and care of a child from birth to the sixth year. Tables of foods and menus are arranged and recipes given including the special preparations sometimes necessary. There are excellent chapters on the value of breast feeding, but too much emphasis has been placed on the wet nurse being brought into the home, an arrangement seldom possible. Manual expression of the breasts is only mentioned, whereas more space might have been devoted to this technic so valuable in stimulating the supply of breast milk. The frequency of feedings, the omission of cereals and vegetables during the first year, and the large quantity of milk advised in the general diet, are contrary to the teachings of most pediatricians outside eastern states, including such cities as Chicago, Minneapolis and St. Louis. The authors' complicated formulae for use of gravity cream in artificial feedings are very different from those now used by the majority of pediatricians.

The development, physical and mental, of the child is carefully discussed

and emphasis laid on the great necessity for the proper training and understanding of children and early formation of good habits. Mothers should find these pages most helpful. More space might have been given to this subject, so little understood by most parents.

As a whole, the book is interesting as well as instructive and should prove of value to any mother provided she realizes that the methods of feeding given are not those generally used outside eastern states. Nurses will find it excellent reference reading although much is not according to theories and methods practiced in the central and western part of the country.

HELEN C. PECK, R.N.,  
*Minneapolis, Minn.*

**FOOD FOR THE DIABETIC.** By Mary Pascoe Huddleson. Introduction by Nellis Barnes Foster, M.D. The Macmillan Company, New York. 75 pages. Price, \$1.25.

A thoroughly practical little book which not only tells what the diabetic may eat, but why he may eat it. Diet prescriptions are given not only in grams and ounces, but also in terms of household measurements. Almost one-half the book is given to recipes. The final chapters are devoted to directions for nurse examination and to suggestions for the prevention of diabetes.

**THE HOSPITAL LIBRARY.** By Edith Kathleen Jones, General Secretary, Division of Public Libraries, Massachusetts Department of Education. American Library Association, Chicago. 190 pages. Price, \$2.25.

In 1904, the first hospital library was organized at McLean Hospital for mental patients in Waverley, Mass., and

though several hospitals followed this example the hospital library movement did not come into being until the War when the American Library Association with its work in hospitals awakened interest in this type of library. As a result, where there used to be rather melancholy collections of little used, broken-backed books, now there are libraries with trained librarians in charge, and the idea of books as an aid to therapeutics is gaining general acceptance. In current magazines there have been articles on the work and its development, but this collection, edited by Miss Jones, is the first book on the subject. In 1913, *A Thousand Books for the Hospital Library*, and in 1916, *What Can I Find To Read Aloud*, were published for the use of hospital librarians. The editions were exhausted, but the demand for them continued. As the editor states in the preface, it was decided to issue, instead of revisions of these lists, a larger work including the aim and accomplishments of hospital libraries. The editor, who was librarian at McLean Hospital, knows her subject thoroughly and has selected articles on the various phases of library work applied to hospitals, which bring out very clearly the aim and the methods by which this may be accomplished. Chapters on organization, administration, book selection, valuable lists of books for children, books to read aloud, books for nurses, etc., form a readable as well as informative book which should be on the personal shelf of every hospital librarian and would be valuable for doctors, nurses, and hospital board members.

ISABEL L. TOWNER,  
*New York City.*

**PRACTICAL DIETETICS.** By Alida Frances Pattee. Fourteenth Edition. Completely Revised. A. F. Pattee, Publisher, Mount Vernon, N. Y. Price, \$2.60.

As a text book for nurses, this strives to meet the need of covering a voluminous subject in too brief a space.

The content of the course is good. The emphasis placed on the various phases of the subject matter, however, would be questioned by a good many teaching dietitians who are now putting more emphasis on normal dietetics, food composition, and its normal physiological function.

The order in which the subject matter is given needs more unity in classification. For instance, under the discussion of proteins, give: Definition, classification, distinguish between complete and incomplete protein, sources available of proteins, cookery in general and cooking applied to specific classes of protein foods, such as: eggs, meat, fish, milk, cheese, etc., nutritive value and economy in the diet. By this means, the student better grasps the scope and significance of that food principle.

Unfortunately, the subject matter is too much interspersed with recipes which, after all, are a minor consideration and should be classified in one section at the back of the book.

The section on Diet in Disease lays too much emphasis on specific informa-

tion regarding the treatment of disease for such a rapidly changing science.

To develop more original thinking in the nurse, dietitians are teaching more from the standpoint of diet, founded on a few general principles regarding food composition. A very few diets may thus be formulated, which with slight modification will have extensive application.

This text while including a lot of valuable material still finds us not entirely satisfied in solving the problem of "better dietetic instruction for the nurse."  
R. S.

**TEXTBOOK OF NURSING PROCEDURES, BELLEVUE SCHOOL OF NURSING.** By Carrie J. Brink, R.N. Compiled by Dorothy Dix Hill, R.N. The Macmillan Company, New York. Price, \$1.40.

"For many years Miss Brink taught the principles and practice of nursing to the students of the Bellevue Training School for Nurses. During those years a technic of procedure was evolved which gradually became known and described as the Bellevue Method.

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This difference is due to the superior method of manufacture, greater care and purer materials employed by the Squibb Laboratories. Squibb's Milk of Magnesia is produced by precipitation from clean solutions instead of the cheaper process of slacking or hydrating magnesium oxide.

The Squibb process always assures a product that is pleasant to take, free from impurities and superior to the U. S. P. requirements. Squibb's Milk of Magnesia, made in this better way, is sterilized so that it keeps indefinitely in perfect condition.

The nurse appreciates how very important these refinements are, especially in the use of milk of magnesia in the nursery. Little children who often rebel at taking the ordinary product, take Squibb's Milk of Magnesia readily.

Squibb's Milk of Magnesia may be obtained at the better drug stores in convenient sized bottles bearing the Squibb Label.

# SQUIBB

*The "Priceless Ingredient" of every product  
is the honor and integrity of its maker.*

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